

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
Sandra B. Murrah
Secretary of State
DIVISION OF CORPORATIONS

FILED

95 MAY -1 PM 1:32

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

DOCUMENT # F94000005024 (4)

1. Corporation Name

WESTMARK GROUP HOLDINGS, INC.

Principal Place of Business

Mailing Address

**355 N.E. FIFTH AVE.
SUITE 4
DELRAY BEACH FL 33483**

**355 N.E. FIFTH AVE.
SUITE 4
DELRAY BEACH FL 33483**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

09/28/1994

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

84-1055077

Applied For

Not Applicable

Suite, Apt. #, etc.

Suite, Apt. #, etc.

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

City & State

City & State

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

22

27

23

28

24

Country

Country

Country

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**GARDNER, ALBERT
355 N.E. FIFTH AVE.
SUITE 4
DELRAY BEACH FL 33483**

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and tin if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	PD
NAME	MORRELL, MICHAEL F
STREET ADDRESS	355 N.E. FIFTH AVE.
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	V
NAME	MOORE, LINDA
STREET ADDRESS	355 N.E. FIFTH AVE.
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	S
NAME	COOLIDGE, HARRY C
STREET ADDRESS	1260 41ST AVE.
CITY - ST - ZIP	CAPITOLA CA 95010
TITLE	TD
NAME	GARDNER, ALBERT
STREET ADDRESS	355 N.E. FIFTH AVE.
CITY - ST - ZIP	DELRAY BEACH FL 33483
TITLE	D
NAME	COX, ROY
STREET ADDRESS	4850 ARROW HWY.
CITY - ST - ZIP	MONTCLAIR CA 91763
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☐ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	☐ Change ☐ Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	☐ Change ☐ Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	☐ Change ☐ Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	☐ Change ☐ Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(4), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/24/95 407 2438010