

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

pg 1

PROFIT CORPORATION ANNUAL REPORT 1996	FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000005024 (4)

1. Corporation Name

WESTMARK GROUP HOLDINGS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



100001865001
-10/04/96--01038--022
****225.00 ****225.00

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

3. Date Incorporated or Qualified 09/28/1994	3a. Date of Last Report 05/01/1995
4. FEI Number 84-1055077	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc	26 Suite, Apt. #, etc
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country

9. Name and Address of Current Registered Agent
GARDNER, ALBERT 355 N.E. FIFTH AVE. SUITE 4 DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent
81 Name NOLA, BARBARA
82 Street Address (P.O. Box Number is Not Acceptable) 355 NE FIFTH AVE
83 Suite #4
84 City DELRAY BEACH
85 Zip Code FL 33483

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: Barbara Nola, Controller 7/20/96 8/1/96
Signature typed or printed name of registered agent and date of signature (NOTE: Registered Agent signature required when new filing)

12. OFFICERS AND DIRECTORS	
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	1280 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	4650 ARROW HWY.
CITY-ST-ZIP	MONTCLAIR CA 91763

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PRESIDENT, CHAIRMAN DIRECTOR
1.2 NAME	NORMAN BIRMINGHAM
1.3 STREET ADDRESS	10250 NW 52nd ST.
1.4 CITY-ST-ZIP	CORAL SPRINGS
2.1 TITLE	TREASURER, SECRETARY, DIRECTOR
2.2 NAME	MARK SCHAFFLEIN
2.3 STREET ADDRESS	3900 NE 18th AVE.
2.4 CITY-ST-ZIP	FT LAUDERDALE, FL 33304
3.1 TITLE	DIRECTOR
3.2 NAME	TODD WALKER
3.3 STREET ADDRESS	120 SOUTH HALE ST.
3.4 CITY-ST-ZIP	TAMPA FL 33609

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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, and that I am empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Barbara Nola 8/1/96

407-243-8010 X13



Florida Department of State
Annual Reports Section
Division of Corporations
P O Box 6327
Tallahassee, Fla. 32314

To Whom it may Concern,

Pursuant to your return letter to us of August 23, 2996, we have taken the following steps ;

The person that signed the annual report is ;

Mark Schaflein
Home address : 3900 N E 18th Ave, # 19
Fort Lauderdale, Fl. 33304

A handwritten signature in black ink, appearing to be "Mark Schaflein", enclosed within an oval shape.

Work Address : c/o Westmark Mortgage
355 N E Fifth Ave, Suite 4
Delray Beach, Fl. 33483

To be certain that we have complied, we have listed Mr. Schaflein on the form, but since it is now somewhat messy, offer this attachment for clarity. We have had Mr. Schaflein sign both forms, so that we can be certain of compliance.

Please let us know if for any reason this is not complete or needs further attention. You can call Mr. Schaflein or Steve Echols at 800-240-2014.