

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 21 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

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

4. FEI Number

84-1055077

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.

☒ Yes

☐ 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

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NOLA, BARBARA  
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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE CFO  
NAME BIRMINGHAM, NORMAN  
STREET ADDRESS 10250 NW 52ND ST.  
CITY-ST-ZIP CORAL SPRINGS

☒ DELETE

1.1 TITLE CFO/Treasurer/Director  
1.2 NAME Irving Bowen  
1.3 STREET ADDRESS 333 Sunset Drive, #407  
1.4 CITY-ST-ZIP Fort Lauderdale, FL 33301

☐ Change ☒ Addition

TITLE CEO  
NAME SCHAFTLEIN, MARK  
STREET ADDRESS 3900 NE 18TH AVE.  
CITY-ST-ZIP FT. LAUDERDALE FL

☐ DELETE

2.1 TITLE CEO/Director  
2.2 NAME  
2.3 STREET ADDRESS 217-B Gleason Drive  
2.4 CITY-ST-ZIP Delray Beach, FL 33483

☒ Change ☐ Addition

TITLE D  
NAME WALKER, TODD  
STREET ADDRESS 120 SOUTH HALE ST.  
CITY-ST-ZIP TAMPA FL 33609

☒ DELETE

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE D  
NAME STORY, PAYTON I  
STREET ADDRESS 17069 1ST ST E, UNIT 2  
CITY-ST-ZIP NORTH REDDINGTON BEACH FL

☐ DELETE

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS 961 Jasmine Drive  
4.4 CITY-ST-ZIP Delray Beach, FL 33483

☒ Change ☐ Addition

TITLE D  
NAME RESWEER, LOUIS  
STREET ADDRESS 828 HIGHLAKE  
CITY-ST-ZIP BATON ROUGE LA

☐ DELETE

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

6.1 TITLE Secretary  
6.2 NAME Barbara Nola  
6.3 STREET ADDRESS 12348 Westhampton Circle  
6.4 CITY-ST-ZIP Wellington, FL 33414

☐ Change ☒ Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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:

Barbara Nola, Secretary

CR2E034 (10/97)