

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **F95000005035 (9)**

1. Corporation Name

**WESTERN AMERICAN EXCHANGE CORPORATION**



Principal Place of Business

Mailing Address

**17911 VON KARMAN AVE., STE. 530  
IRVINE CA 92714**

**17911 VON KARMAN AVE., STE. 530  
IRVINE CA 92714**

3. Date Incorporated or Qualified

3a. Date of Last Report

**10/17/1995**

4. FEI Number

Applied For

**33-0320249**

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 has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

2a. Mailing Address

**21 901 N. Lake Destiny Dr.**

**26**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 Suite 395**

**27**

City & State

City & State

**23 Maitland FL**

**28**

Zip

Country

Zip

Country

**24 32751**

**25**

**29**

**30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324**

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 that if applicable

(NOTE: Registered Agent signature required when not stating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME **CCEO  
FOLEY, WILLIAM P II**  
STREET ADDRESS **17911 VON KARMAN AVE., STE. 530**  
CITY-ST-ZIP **IRVINE CA 92714**

TITLE ☐ DELETE

NAME **DV  
WILLEY, FRANK P**  
STREET ADDRESS **17911 VON KARMAN AVE., STE. 530**  
CITY-ST-ZIP **IRVINE CA 92714**

TITLE ☐ DELETE

NAME **DVT  
STRUNK, CARL A**  
STREET ADDRESS **17911 VON KARMAN AVE., STE. 530**  
CITY-ST-ZIP **IRVINE CA 92714**

TITLE ☐ DELETE

NAME **PAS  
SAUNDERS, SCOTT**  
STREET ADDRESS **17911 VON KARMAN AVE., STE. 530**  
CITY-ST-ZIP **IRVINE CA 92714**

TITLE ☐ DELETE

NAME **VAS  
PUZDER, ANDREW F**  
STREET ADDRESS **17911 VON KARMAN AVE., STE. 530**  
CITY-ST-ZIP **IRVINE CA 92714**

TITLE ☐ DELETE

NAME **VS  
KANE, M'LISS JONES**  
STREET ADDRESS **17911 VON KARMAN AVE., STE. 530**  
CITY-ST-ZIP **IRVINE CA 92714**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

**Kane, M'LISS Jones**

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 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 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 TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/8/96**

**(714) 622-4333**

Date

Daytime Phone #

CR2E034 (12/95)