File on or before May 1, 1999 or Limited Liability Company will be subject to a \$ 400.00 LATE FEE.

	ED LIABILITY ANNUAL REI 1999 FEE Annua	PORT	+ \$88.7	FILLED OF ASS 23 FM 5: 00 S OREMSY CHOIMS: CONTROL OF COMA					
1. Name of Lim	e and Mailing Addre nited Liability Comp WESTMARK 533 S. F	ess DOCLI	MEN VISOR NUE,	1a Principal Place of Business Address 865 SOUTH FIGUEROA ST. #3500 LOS ANGELES CA 90017					
2 Principal Place of Business Suite, Apt. #, etc. City & State Zip Country					untry	 Date Organized or Qualified 05/26/1995 FEI Number 95-3695034 Date of Last Report 		3a. State of I	Formation Applied For Not Applicable of Status Desired
		, oc. 12. j			cinta y	05/01/1	998	\$8.75 Additiona	al Fee Required
	7. Name an	nd Address of Current	Registere	ed Agent	8. N		Name and Address of New Registered Agent/Office		
1201 SUIT! TALLE	HAYS ST. E 105 AHASSEE ant to the provision ered office or registe ered agent, and acc	FL 32301	and 608.50 e State of Flo	P.O. Box Number is Not Acceptable) -0/1/23/33010/38035 ****188-75 FL. liability company submits this statement for the purpose of changing tive vote of a majority of the members. Thereby accept the appointment					
10. Title Managing Members/Managers					siness Street Address		City.	State and Zip C	Code
MGR ZERBST, ROBERT MGR DIDION, JAMES J MGR STAFFORD, WALTER V MGR Wirta, Raymond E. MM Roth, Herbert L.			865 S. FIGUEROA STREET, 533 S. FREMONT AVENUE 533 S. FREMONT AVE. 533 S. Fremont Avenue 533 S. Fremont Avenue						
limited liabi	on this annual repor	et is true and accurate ar le receiver or trustee emp	nd that my:	r signature shall have the	ie same legal effect as it	if made under oath:	that I am a mana	laging member r	or manager of the

SIGNATURE: Herbert L. Roth Herbert L. Roth