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CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 APR 14 AM 9:09

DOCUMENT # **P21022** **(9)**

1. Corporation Name

WESTREC MANAGEMENT CLEARING COMPANY INCORPORATED

Principal Place of Business	Mailing Address
6400 LAUREL CANYON BLVD., #200 NORTH HOLLYWOOD FL 91606	6400 LAUREL CANYON BLVD., #200 NORTH HOLLYWOOD FL 91606

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 09/23/1988	3a. Date of Last Report: 03/21/1994
4. FEI Number: 95-4143937	☐ 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

2. Principal Place of Business	2a. Mailing Address
21 16633 VENTURA BLVD.	26 16633 VENTURA BLVD.
Suite, Apt. #, etc. 22 SIXTH FLOOR	Suite, Apt. #, etc. 27 SIXTH FLOOR
City & State 23 ENCINO CA	City & State 28 ENCINO, CA
Zip 24 91436	Country 25 USA
Zip 29 91436	Country 30 USA

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
CT CORPORATION SYSTEM 1200 S. 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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when restating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PSD	11 TITLE		☒ Change ☐ Addition
NAME	SACHS,MICHAEL M.	12 NAME		
STREET ADDRESS	6400 LAUREL CANYON BLVD	13 STREET ADDRESS	16633 VENTURA BLVD.	
CITY-ST-ZIP	N HOLLYWOOD CA	14 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE	DVP	21 TITLE		☒ Change ☐ Addition
NAME	NELSON, PETER J	22 NAME		
STREET ADDRESS	6400 LAUREL CANYON BLVD	23 STREET ADDRESS	16633 VENTURA BLVD.	
CITY-ST-ZIP	N HOLLYWOOD CA	24 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE		31 TITLE		☐ Change ☐ Addition
NAME		32 NAME		
STREET ADDRESS		33 STREET ADDRESS		
CITY-ST-ZIP		34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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 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: Peter J. Nelson PETER J. NELSON (818) 907-0400
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

040552 FN