FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

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 # **P40977** **(1)**

1. Corporation Name
WESTREC MARINE FINANCE, INC.

Principal Place of Business	Mailing Address
850 N.E. 3RD ST STE. #207 DANIA FL 33004 US	6400 LAUREL CANYON BLVD. STE. #200 N. HOLLYWOOD CA 91606 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: **10/16/1992**
3a. Date of Last Report: **03/08/1994**

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

4. FEI Number: **95-4383409** ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes* ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

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 reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	CDS	11 TITLE	☒ Change	☐ Addition
NAME	SACHS, MICHAEL M.	12 NAME		
STREET ADDRESS	6400 LAUREL CANYON, #200	13 STREET ADDRESS	16633 VENTURA BLVD. 6th FLOOR	
CITY-ST-ZIP	NORTH HOLLYWOOD CA	14 CITY-ST-ZIP	ENCINO, CA 91436	
TITLE	P	21 TITLE	☐ Change	☐ Addition
NAME	COLAGIOVANNI, PETER M.	22 NAME		
STREET ADDRESS	850 N.E. 3RD ST.	23 STREET ADDRESS		
CITY-ST-ZIP	DANIA FL 33004	24 CITY-ST-ZIP		
TITLE	DVAS	31 TITLE	☒ Change	☐ Addition
NAME	NELSON, PETER J.	32 NAME		
STREET ADDRESS	6400 LAUREL CANYON, #200	33 STREET ADDRESS	16633 VENTURA BLVD. 6TH FLOOR	
CITY ST ZIP	NORTH HOLLYWOOD CA	34 CITY-ST-ZIP	ENCINO, CA 91436	
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 #

040161 FN