FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P95000038601 (7)**

1. Corporation Name

WEST COAST MORTGAGE HOLDINGS, INC.

Principal Place of Business	Mailing Address
700 N.W. 107TH AVENUE MIAMI FL 33172	700 N.W. 107TH AVENUE MIAMI FL 33172

3. Date Incorporated or Qualified: **05/16/1995**
3a. Date of Last Report:

2. Principal Place of Business — 21:
Suite, Apt. #, etc. — 22:
City & State — 23:
Zip — 24: Country — 25:

2a. Mailing Address — 26:
Suite, Apt. #, etc. — 27:
City & State — 28:
Zip — 29: Country — 30:

4. FEI Number: 65-0626123 ☐ 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

WATSKY, MORRIS J
700 N.W. 107TH AVENUE
MIAMI FL 33172

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

12. OFFICERS AND DIRECTORS			13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☒ DELETE	11 TITLE	C\D\P	☐ Change ☒ Addition
NAME	MILLER, LEONARD		12 NAME	Saiontz, Steven J.	
STREET ADDRESS	700 N.W. 107TH AVE.		13 STREET ADDRESS	700 N.W. 107 Ave	
CITY-ST-ZIP	MIAMI FL 33172		14 CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	☒ DELETE	21 TITLE	S\V\D	☐ Change ☒ Addition
NAME	BOLOTIN, IRVING		22 NAME	Reed, Linda	
STREET ADDRESS	700 N.W. 107TH AVE.		23 STREET ADDRESS	700 NW 107 Ave.	
CITY-ST-ZIP	MIAMI FL 33172		24 CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	☒ DELETE	31 TITLE	V D	☐ Change ☒ Addition
NAME	COLE, ROBERT B		32 NAME	Kaminsky, Nancy	
STREET ADDRESS	700 N.W. 107TH AVE.		33 STREET ADDRESS	700 N.W. 107 Ave.	
CITY-ST-ZIP	MIAMI FL 33172		34 CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	☒ DELETE	41 TITLE	V	☐ Change ☒ Addition
NAME	PEKOR, ALLAN J		42 NAME	Modist, Debra	
STREET ADDRESS	700 N.W. 107TH AVE.		43 STREET ADDRESS	700 NW 107 Ave.	
CITY-ST-ZIP	MIAMI FL 33172		44 CITY-ST-ZIP	Miami, FL 33172	
TITLE	D	☒ DELETE	51 TITLE	T\V	☐ Change ☒ Addition
NAME	MILLER, STUART A		52 NAME	Munoz, Janice	
STREET ADDRESS	700 N.W. 107TH AVE.		53 STREET ADDRESS	700 N.W. 107 Ave.	
CITY-ST-ZIP	MIAMI FL 33172		54 CITY-ST-ZIP	Miami, FL 33172	
TITLE		☐ DELETE	61 TITLE	V	☐ Change ☒ Addition
NAME			62 NAME	Pekor, Allan J.	
STREET ADDRESS			63 STREET ADDRESS	700 N.W. 107 Ave.	
CITY-ST-ZIP			64 CITY-ST-ZIP	Miami, FL 33172	

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: _____ Debra Modist 4/8/96 (305) 229-6400

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone Number

CR2E034 (12/95)