


**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

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**Apr 20 1998 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1998



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: 700 N.W. 107TH AVENUE MIAMI FL 33172  
Mailing Address: 700 N.W. 107TH AVENUE MIAMI FL 33172

DO NOT WRITE IN THIS SPACE

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

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

3. Date Incorporated or Qualified: 05/16/1995  
4. FEI Number: 65-0626123  
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 owes or has paid the current year Intangible Personal Property Tax due June 30.  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: Rubin, Shelly VP Finance  
82 Street Address (P.O. Box Number is Not Acceptable): 700 NW 107 AVE  
83  
84 City: Miami FL 85 Zip Code: 33172

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: *Shelly Rubin* Shelly Rubin 3/30/98

12. OFFICERS AND DIRECTORS

TITLE	CDP	SAIONTZ, STEVEN J	<input type="checkbox"/> DELETE
STREET ADDRESS		700 N.W. 107TH AVE.	
CITY-ST-ZIP		MIAMI FL	
TITLE	SVD	REED, LINDA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		700 N.W. 107TH AVE.	
CITY-ST-ZIP		MIAMI FL	
TITLE	VD	KAMINSKY, NANCY	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		700 N.W. 107TH AVE.	
CITY-ST-ZIP		MIAMI FL	
TITLE	V	MODIST, DEBRA	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		700 N.W. 107TH AVE.	
CITY-ST-ZIP		MIAMI FL	
TITLE	TV	MUNOZ, JANICE	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		700 N.W. 107TH AVE.	
CITY-ST-ZIP		MIAMI FL	
TITLE	V	PEKOR, ALLAN J	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS		700 NW 107 AVE	
CITY-ST-ZIP		MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D CEO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS	760 NW 107 AVE	
1.4 CITY-ST-ZIP	MIAMI, FL 33172	
2.1 TITLE	D Miller, Leonard	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS	760 NW 107 AVE	
2.4 CITY-ST-ZIP	MIAMI FL 33172	
3.1 TITLE	V Rubin, Shelly	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS	760 NW 107 AVE	
3.4 CITY-ST-ZIP	MIAMI, FL 33172	
4.1 TITLE	T Jordan, Margaret	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS	760 NW 107 AVE	
4.4 CITY-ST-ZIP	MIAMI FL 33172	
5.1 TITLE	AS Mcmickle, J.T.	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS	760 NW 107 AVE	
5.4 CITY-ST-ZIP	MIAMI FL 33172	
6.1 TITLE	DC Miller, Stuart A	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS	760 NW 107 AVE	
6.4 CITY-ST-ZIP	MIAMI FL 33172	

14. I hereby certify that the information supplied with this filing 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: *J.T. McMickle* J.T. McMickle 3/25/98 305-485-2000

CR2E034 (10/97)