

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 # P95000077141 (6)

1. Corporation Name

WESTMINSTER FINANCE CORPORATION



Principal Place of Business

411 PELICAN KEY  
MELBOURNE BEACH FL 32951

Mailing Address

411 PELICAN KEY  
MELBOURNE BEACH FL 32951

3. Date Incorporated or Qualified  
09/25/1995

3a. Date of Last Report  
None New Corp

4. EI Number

39 3336609

Applied For

Not Applicable

2. Principal Place of Business

21 1245 S Wickham Rd

2a. Mailing Address

26 P.O. Box 991

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Ste 100

City & State

23 W. Melbourne FL

City & State

28 Melbourne FL

24 Zip  
32904

25 Country  
USA

29 Zip  
32901

30 Country  
USA

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

FRESE, GARY B  
830 S. HARBOR CITY BLVD  
SUITE 505  
MELBOURNE FL 32951

10. Name and Address of New Registered Agent

81 Name  
Simon Bland  
82 Street Address (P.O. Box Number is Not Acceptable)  
1245 S. Wickham Rd  
83 Ste 100  
84 City  
W Melbourne FL 85 Zip Code  
32904

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

Simon Bland

4.29.96

(Signature, typed or printed name of registered agent and the applicant)

(NOTE: Registered Agent signature required when changing)

DATE

12. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
LEES, ERIC M  
411 PELICAN KEY  
MELBOURNE BEACH FL 32951

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
BLAND, SIMON C  
411 PELICAN KEY  
MELBOURNE BEACH FL 32951

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP  
D  
GROVES, BENJAMIN L  
411 PELICAN KEY  
MELBOURNE BEACH FL 32951

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

☐ Change ☐ Addition

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

☐ Change ☐ Addition

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

☐ Change ☐ Addition

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

☐ Change ☐ Addition

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

☐ Change ☐ Addition

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(k), 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: X

Simon Bland

4.29.96

407 726 0050

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (12/95)