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Jan 30 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S80306** (1)

1. Corporation Name  
**WESTMOUNT FINANCIAL SERVICES, INC.**

Principal Place of Business  
**4500 PGA BLVD  
303B  
PALM BCH GDNS FL 33418  
US**

Mailing Address  
**4500 PGA BLVD  
S303B  
PALM BCH GDNS FL 33418-3968  
US**

3. Date Incorporated or Qualified <b>09/16/1991</b>	3a. Date of Last Report <b>02/05/1996</b>
4. FEI Number <b>65-0288649</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24	29
25	30

9. Name and Address of Current Registered Agent

**SOLOMON, ALLAN B.  
7777 GLADES RD.  
SUITE 300  
BOCA RATON FL 33434**

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>D</b>	1.1 TITLE	<b>VICE PRESIDENT</b>
NAME	<b>CABRAL, WENDY S.</b>	1.2 NAME	<b>MARK W. GREENWOOD</b>
STREET ADDRESS	<b>4500 PGA BLVD S303B</b>	1.3 STREET ADDRESS	<b>40. S. RIVER RD. Unit 21</b>
CITY-ST-ZIP	<b>PALM BCH GRDNS FL</b>	1.4 CITY-ST-ZIP	<b>BEDEFORD, NH 03110</b>
TITLE	<b>PT</b>	2.1 TITLE	
NAME	<b>CABRAL, WENDY S.</b>	2.2 NAME	
STREET ADDRESS	<b>4500 PGA BLVD STE 303B</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>PALM BCH GDNS FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>VS</b>	3.1 TITLE	
NAME	<b>HALVORSEN, JOHN H</b>	3.2 NAME	
STREET ADDRESS	<b>ONE SUNDIAL AVE STE 510</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MANCHESTER NH</b>	3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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: *Mark W. Greenwood Vice President*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date \_\_\_\_\_ Daytime Phone # \_\_\_\_\_

CR2E034 (9/96)