

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

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Apr 16 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 290776 (4)

1. Corporation Name
WESTBROOKE INVESTMENT COMPANY

Principal Place of Business 3757 N.W. 5TH AVENUE BOCA RATON FL 33431 US	Mailing Address 3757 N.W. 5TH AVENUE BOCA RATON FL 33431-5733 US
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 03/11/1965	3a. Date of Last Report 04/30/1996
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	4. FEI Number 59-1111681	Applied For <input type="checkbox"/> Not Applicable
25	26	27	28	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
29	30	31	32	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No					

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
GASMAN, KEITHY A. 2151 EAST COMMERCIAL BLVD. SUITE 203 FT. LAUDERDALE, FL 33308		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	PST LAKE, ROBERT F., SR. 3757 N.W. 5TH AVENUE BOCA RATON FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, ROBERT F., SR.	1.2 NAME	
STREET ADDRESS	3757 N.W. 5TH AVENUE	1.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	1.4 CITY - ST - ZIP	
TITLE	VD LAKE, ROBERT F., SR.	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LAKE, ROBERT F., SR.	2.2 NAME	
STREET ADDRESS	3757 N.W. 5TH AVENUE	2.3 STREET ADDRESS	
CITY - ST - ZIP	BACA RATON FL	2.4 CITY - ST - ZIP	
TITLE	D MCALPINE, LYNN S	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCALPINE, LYNN S	3.2 NAME	
STREET ADDRESS	5180 WASHINGTON RD	3.3 STREET ADDRESS	
CITY - ST - ZIP	DELRAY EBAHC FL	3.4 CITY - ST - ZIP	DELRAY BEACH
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 *Lynn S. McAlpine* ASSISTANT SEC/TREAS. 4/10/97 561 395 4126
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)