

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **K55572 (7)**
1. Corporation Name
WESTBROOK SERVICE CORPORATION



Principal Place of Business: **1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805**
Mailing Address: **1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805**

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1988		3a. Date of Last Report 02/14/1995	
21	22	23	24	25	26	27	28
Suite, Apt. #, etc.		City & State		Zip	Country		
21		22		23	24		25
Suite, Apt. #, etc.		City & State		Zip	Country		
26		27		28	29		30
Suite, Apt. #, etc.		City & State		Zip	Country		
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees			
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No							

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			
COATS, ROSETTA C. 1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805				81	Name		
				82	Street Address (P.O. Box Number is Not Acceptable)		
				83			
				84	City		85
				FL			

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 _____
Structure, type, or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required for corporations.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DCP	1. TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, OWEN STROUD	12. NAME	<input checked="" type="checkbox"/> SASS, HELENETH J.
STREET ADDRESS	2034 COVE TRAIL	13. STREET ADDRESS	134 NEVADA ST.
CITY-ST-ZIP	MAITLAND FL	14. CITY-ST-ZIP	DAVENPORT, FL 33837
TITLE	D	2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PORCH, RALPH RICHARD	22. NAME	
STREET ADDRESS	411 WESTMINSTER ST	23. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	24. CITY-ST-ZIP	
TITLE	D	3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUBLE, JAMES HENRY	32. NAME	
STREET ADDRESS	315 PICKERING COURT	33. STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	34. CITY-ST-ZIP	
TITLE	D	4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABER, CRAIG OWEN	42. NAME	
STREET ADDRESS	5011 LIDO ST	43. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	44. CITY-ST-ZIP	
TITLE	T V D	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANCY, DANIEL G	52. NAME	
STREET ADDRESS	5409 ENDICOTT PL	53. STREET ADDRESS	
CITY-ST-ZIP	OVEDO FL	54. CITY-ST-ZIP	
TITLE	D	6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT DWAIN	62. NAME	
STREET ADDRESS	4384 CARROLWOOD ST.	63. STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	64. 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: *Daniel G. Glancy* DANIEL G. GLANCY (407) 841-3310
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)