

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

FILED
Apr 17 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # K55594 (1)
 1. Corporation Name
WESTBROOK MANAGEMENT CORPORATION

Principal Place of Business 1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805	Mailing Address 1411 S. ORANGE BLOSSOM TRAIL ORLANDO FL 32805
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/27/1988	
21 Suite, Apt. #, etc.	22 City & State	23 Zip	24 Country	25	26
21		26		4. FEI Number 59-2924163	
22		27		5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23		28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24		29		30	
25		30		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <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				B1 Name			
				B2 Street Address (P.O. Box Number is Not Acceptable)			
				B3			
				B4 City			
				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 _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DPC	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	MATTHEWS, OWEN STROUD	1.2 NAME	<i>Director</i>
STREET ADDRESS	2034 COVE TRAIL	1.3 STREET ADDRESS	<i>Kenneth J. Sass</i>
CITY-ST-ZIP	MATLAND FL	1.4 CITY-ST-ZIP	<i>134 Nevada Court</i>
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HAMILTON, ROBERT D	2.2 NAME	
STREET ADDRESS	4384 CAROLWOOD ST	2.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	
TITLE	D	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SCHAUBLE, JAMES HENRY	3.2 NAME	
STREET ADDRESS	315 PICKERING COURT	3.3 STREET ADDRESS	
CITY-ST-ZIP	LONGWOOD FL	3.4 CITY-ST-ZIP	
TITLE	D	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FABER, CRAIG OWEN	4.2 NAME	
STREET ADDRESS	5011 LIDO ST	4.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	4.4 CITY-ST-ZIP	
TITLE	VTD	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GLANCY, DANIEL G.	5.2 NAME	
STREET ADDRESS	5409 ENDICOTT PLACE	5.3 STREET ADDRESS	
CITY-ST-ZIP	OMIEDO FL	5.4 CITY-ST-ZIP	
TITLE	S	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COATS, ROSETTA C.	6.2 NAME	
STREET ADDRESS	1411 S ORANGE BLOSM TRL	6.3 STREET ADDRESS	
CITY-ST-ZIP	ORLANDO FL	6.4 CITY-ST-ZIP	

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: *[Signature]* **Kenneth Sass** *4/1/98* *841-3310*

CR2E034 (10/97)