FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 APR -7 AM 9:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # m64793

1. Corporation Name
WESTBROOKE AT SUNRISE, INC.

Principal Place of Business	Mailing Address
9040 SUNSET DRIVE SUITE # 15 MIAMI, FL 33173	9040 SUNSET DRIVE SUITE # 15 MIAMI, FL 33173

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified | 3a. Date of Last Report

2. Principal Place of Business (21) | 2a. Mailing Address (26)

Suite, Apt. #, etc. (22) | Suite, Apt. #, etc. (27)

City & State (23) | City & State (28)

Zip (24) | Country (25) | Zip (29) | Country (30)

4. FEI Number 65-0032094 | ☐ Applied For ☐ Not Applicable

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

ROBBINS, CHARLES D. ESQ.
BLACKWELL WALKER
2500 SUN BANK INT'L BUILDING
ONE S.E. THIRD AVENUE
MIAMI, FL 33131

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 Charles D. Robbins
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D.	11 TITLE	☐ Change ☐ Addition
NAME	CARR, JAMES	12 NAME	900001452059
STREET ADDRESS	9040 SUNSET DRIVE, SUITE # 15	13 STREET ADDRESS	-04/10/95--01044--007
CITY-ST-ZIP	MIAMI, FL 33173	14 CITY-ST-ZIP	****800.00 ****200.00
TITLE	VTS	21 TITLE	☐ Change ☐ Addition
NAME	EISENACHER, L. HAROLD	22 NAME	
STREET ADDRESS	9040 SUNSET DRIVE, SUITE # 15	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	24 CITY-ST-ZIP	
TITLE	VAS	31 TITLE	☐ Change ☐ Addition
NAME	CHERNYS, LEONARD	32 NAME	
STREET ADDRESS	9040 SUNSET DRIVE, SUITE # 15	33 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	34 CITY-ST-ZIP	
TITLE	VAS	41 TITLE	☐ Change ☐ Addition
NAME	MEDLECOT, RICHARD SR.	42 NAME	
STREET ADDRESS	9040 SUNSET DRIVE, SUITE # 15	43 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	44 CITY-ST-ZIP	
TITLE	VAS	51 TITLE	☐ Change ☐ Addition
NAME	IBARRIA, DIANA	52 NAME	
STREET ADDRESS	9040 SUNSET DRIVE, SUITE #15	53 STREET ADDRESS	
CITY-ST-ZIP	MIAMI, FL 33173	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

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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)(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: 3-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold L. Eisenacher