

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

FILED

Apr 15 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 # M64793 (6)

1. Corporation Name
WESTBROOKE AT SUNRISE, INC.

Principal Place of Business 9350 SUNSET DRIVE SUITE 100 MIAMI FL 33173	Mailing Address 9350 SUNSET DRIVE SUITE 100 MIAMI FL 33173-3245
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2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/08/1988	3a. Date of Last Report 03/20/1996
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number 65-0032094		Applied For <input type="checkbox"/> Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. Country	29. Country	30. Country		8. 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	
ROBBINS, CHARLES D. ESQ. 900 SUN BANK BLDG 777 BRICKELL AVE MIAMI FL 33131				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	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CARR, JAMES		1.2 NAME		
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100		1.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33173		1.4 CITY - ST - ZIP		
TITLE	VTS	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	EISENACHER, L. HAROLD		2.2 NAME		
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100		2.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33173		2.4 CITY - ST - ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	CHERNYS, LEONARD		3.2 NAME		
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100		3.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33173		3.4 CITY - ST - ZIP		
TITLE	VAS	<input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MEDLECOT, RICHARD		4.2 NAME	MEDLECOT, RICHARD	
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100		4.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33173		4.4 CITY - ST - ZIP		
TITLE	VAS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IBARRIA, DIANA		5.2 NAME		
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100		5.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33173		5.4 CITY - ST - ZIP		
TITLE	V	<input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	METLECOT, RICHARD		6.2 NAME		
STREET ADDRESS	9350 SUNSET DRIVE SUITE 100		6.3 STREET ADDRESS		
CITY - ST - ZIP	MIAMI FL 33173		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: *H.L. Eisenacher* **H.L. Eisenacher** 3/18/97 305-595-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)