

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

FILED
May 20 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 # **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
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 01/08/1988	
4. FEI Number 65-0032094		Applied For <input type="checkbox"/> Not Applicable		5. Certificate of Status Desired <input 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No		10. Name and Address of New Registered Agent 81 Name Corporation Service Co. 82 Street Address (P.O. Box Number is Not Acceptable) 1201 Holmes St. 83 84 City Tallahassee FL 85 Zip Code 32301	
9. Name and Address of Current Registered Agent ROBBINS, CHARLES D. ESQ. 900 SUN BANK BLDG 777 BRICKELL AVE MIAMI FL 33131					

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

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	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	
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	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME	Mike McGraw
STREET ADDRESS		6.3 STREET ADDRESS	5999 Summerside Dr, Suite 110
CITY-ST-ZIP		6.4 CITY-ST-ZIP	Dallas Tx 75252

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] **Harold L. Eisenacher** 4/27/98 (305) 595-3051

CR2E034 (10/97)