

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

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RECEIVED  
TALLAHASSEE  
STATE  
FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



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

DOCUMENT # **P93000014437**

1. Corporation Name  
**WESTBROOKE AT ROCK CREEK, INC.**

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

Mailing Address  
**9040 SUNSET DRIVE  
SUITE # 15  
MIAMI, FL 33173**

**700001448727**  
**-04/06/95--01017--009**  
**\*\*\*\*200.00 \*\*\*\*200.00**  
DO NOT WRITE IN THIS SPACE.

|   |  |                       |  |  |  |                                |  |
|---|--|-----------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business                  |  | 2a. Mailing Address   |  | 4. FEI Number  |  | 3a. Date of Last Report        |  |
| 21 Suite, Apt. #, etc                           |  | 26 Suite, Apt. #, etc |  | 65-0418406   |  | Applied For                    |  |
| 22 City & State                                 |  | 27 City & State       |  | 5. Certificate of Status Desired                       |  | Not Applicable                 |  |
| 23 Zip  |  | 28 Zip                |  | 6. Election Campaign Financing Trust Fund Contribution |  | \$8.75 Additional Fee Required |  |
| 24 Country                                      |  | 29 Country            |  | 30   |  | \$5.00 May Be Added to Fees    |  |
| 9. Name and Address of Current Registered Agent |  |                       |  | 10. Name and Address of New Registered Agent           |  |                                |  |

**ROBBINS, CHARLES D. ESQ.  
BLACKWELL WALKER  
2500 SUN BANK INT'1 BUILDING  
ONE S.E. THIRD AVENUE  
MIAMI, FL 33131**

|   |             |
|---|-------------|
| 81 Name   | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) |             |
| 83  |             |
| 84 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 *Charles D. Robbins*

3/17/95

| 12. OFFICERS AND DIRECTORS |                               | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|-------------------------------|---|---|
| TITLE                      | D. CARR, JAMES                | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9040 SUNSET DRIVE, SUITE # 15 | 1.2 NAME  |   |
| STREET ADDRESS             | MIAMI, FL 33173               | 1.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                               | 1.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VTS EISENACHER, L. HAROLD     | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9040 SUNSET DRIVE, SUITE # 15 | 2.2 NAME  |   |
| STREET ADDRESS             | MIAMI, FL 33173               | 2.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                               | 2.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VAS CHERNYS, LEONARD          | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9040 SUNSET DRIVE, SUITE # 15 | 3.2 NAME  |   |
| STREET ADDRESS             | MIAMI, FL 33173               | 3.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                               | 3.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VAS MEDLECOT, RICHARD SR.     | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9040 SUNSET DRIVE, SUITE # 15 | 4.2 NAME  |   |
| STREET ADDRESS             | MIAMI, FL 33173               | 4.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                               | 4.4 CITY, ST, ZIP                                     |   |
| TITLE                      | VAS IBARRIA, DIANA            | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | 9040 SUNSET DRIVE, SUITE# 15  | 5.2 NAME  |   |
| STREET ADDRESS             | MIAMI, FL 33173               | 5.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                               | 5.4 CITY, ST, ZIP                                     |   |
| TITLE                      |                               | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                               | 6.2 NAME  |   |
| STREET ADDRESS             |                               | 6.3 STREET ADDRESS                                    |   |
| CITY, ST, ZIP              |                               | 6.4 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)(0)(b), 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. I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 007, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

*Harold L. Eisenacher*  
Harold L. Eisenacher

3-16-95

*Harold L. Eisenacher* 4-3-95