

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P93000014437 (6)

1. Corporation Name

WESTBROOKE AT ROCK CREEK, INC.

Principal Place of Business

9040 SUNSET DR
STE 15
MIAMI FL 33173

Mailing Address

9040 SUNSET DR
STE 15
MIAMI FL 33173



3. Date Incorporated or Qualified

02/18/1993

3a. Date of Last Report

04/03/1995

4. FEI Number

65-0418406

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

2. Principal Place of Business

2a. Mailing Address

21 9350 SUNSET DRIVE

26 9350 SUNSET DRIVE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite # 100

27 Suite 100

City & State

City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, CHARLES E ES
2500 SUN BANK INT'L BUILDING
ONE S.E. THIRD AVE.
MIAMI FL 33131

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

900 SUN BANK BUILDING

83

777 Brickell Avenue

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

Signature, typed or printed name of registered agent, and title, if applicable.

2001 Registered Agent's grant to be filed when re-appointing.

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

MIAMI FL 33173

MIAMI FL 33173

MIAMI FL 33173

MIAMI FL 33173

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MIAMI FL 33173

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

MIAMI, FL 33173

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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)(k), 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: HAROLD L. EISENACHER, V.P.

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-31-96

595-3281

DATE

DATE

CR2E034 (12/95)