

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 # P93000014437 (6)
 1. Corporation Name
WESTBROOKE AT ROCK CREEK, INC.



Principal Place of Business 9350 SUNSET DRIVE SUITE 100 MIAMI FL 33173 US	Mailing Address 9350 SUNSET DRIVE SUITE 100 MIAMI FL 33173-3245 US
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3. Date Incorporated or Qualified 02/18/1993	3a. Date of Last Report 03/19/1996
4. FEI Number 65-0418406	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 has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip	25. Country
29. Zip	30. Country

9. Name and Address of Current Registered Agent
**ROBBINS, CHARLES E ES
 900 SUN BANK BUILDING
 777 BRICKELL 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
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

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARR, JAMES	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY- ST- ZIP	MIAMI FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	EISENACHER, HAROLD L	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY- ST- ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	CHERNYS, LEONARD	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY- ST- ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	MEDLECOT, RICHARD SR	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY- ST- ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	IBARRIA, DIANA	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY- ST- ZIP	MIAMI FL	
TITLE	VA	<input checked="" type="checkbox"/> DELETE
NAME	IBARRIA, DIANA	
STREET ADDRESS	9040 SUNSET DR #15	
CITY- ST- ZIP	MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY- ST- ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY- ST- ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY- ST- ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY- ST- ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY- ST- ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY- ST- ZIP	

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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)