

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

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

3. Date Incorporated or Qualified
02/18/1993

3a. Date of Last Report
03/19/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

25 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

30 Country

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

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

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

(Sign above, typed or printed name of registered agent and title if applicable.)

(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

3/18/97

305-595-3281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)