

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

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, US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business (21-24)
2a. Mailing Address (25-28)

3. Date Incorporated or Qualified: 02/18/1993
4. FEI Number: 65-0418406
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 owes or has paid the current year Intangible Personal Property Tax due June 30: 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 (B1-B5)
B1 Name: Corporation Service Co.
B2 Street Address: 1201 Maple St
B4 City: TULHASSEE, FL B5 Zip Code: 32081

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 checked="" 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		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

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 checked="" type="checkbox"/> Addition
6.2 NAME	MIKE MCCRAW
6.3 STREET ADDRESS	5999 Summerside Dr, Suite 110
6.4 CITY-ST-ZIP	Dallas Tx 75050

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: _____

CR2E034 (10/97)