FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 MAR 31 AM 10:59

DOCUMENT # **P93000036637 (5)**

1. Corporation Name
WESTBROOKE AT SPRING VALLEY, INC.

Principal Place of Business	Mailing Address
9040 SUNSET DR SUITE 15 MIAMI FL 33173	9040 SUNSET DR SUITE 15 MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/19/1993	3a. Date of Last Report: 04/28/1994
4. FEI Number: 65-0418787	☐ 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 (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) / Country (25)	Zip (29) / Country (30)

9. Name and Address of Current Registered Agent

~~PARKER, CLAYTON E~~
~~201 S BISCAYNE BLVD~~
~~SUITE 2000~~
~~MIAMI FL 33131~~

10. Name and Address of New Registered Agent

81 Name: Robbins, Charles D. Esquire
82 Street Address (P.O. Box Number is Not Acceptable): Blackwell Walker & 2nd Sun Bank Int'l Center
83: One S.E. Third Avenue
84 City: Miami FL 85 Zip Code: 33131

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
(signature, typed or printed name of registered agent and title if applicable) NOTE: Registered Agent signature required when reinstating (DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DAP	11 TITLE	☐ Change ☐ Addition
NAME	CARR, JAMES	12 NAME	
STREET ADDRESS	9040 SUNSET DR, #15	13 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	14 CITY ST ZIP	
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	~~CARR, BETH~~ Denise	22 NAME	
STREET ADDRESS	~~9040 SUNSET DR, #15~~	23 STREET ADDRESS	
CITY ST ZIP	~~MIAMI FL~~	24 CITY ST ZIP	
TITLE	VTS	31 TITLE	☐ Change ☐ Addition
NAME	EISENACHER, L. HAROLD	32 NAME	
STREET ADDRESS	9040 SUNSET DR, #15	33 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	34 CITY ST ZIP	
TITLE	VA	41 TITLE	☐ Change ☐ Addition
NAME	CHERNYS, LEONARD	42 NAME	
STREET ADDRESS	9040 SUNSET DR, #15	43 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	44 CITY ST ZIP	
TITLE	VA	51 TITLE	☐ Change ☐ Addition
NAME	MEDLECOT, RICHARD	52 NAME	
STREET ADDRESS	9040 SUNSET DR, #15	53 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	54 CITY ST ZIP	
TITLE	VA	61 TITLE	☐ Change ☐ Addition
NAME	IBARRIA, DIANA	62 NAME	
STREET ADDRESS	9040 SUNSET DR, #15	63 STREET ADDRESS	
CITY ST ZIP	MIAMI FL	64 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(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: M. Eisenacher 3-16-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Harold L. Eisenacher

01B0517 CP