FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

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

3. Date Incorporated or Qualified: **05/19/1993**
3a. Date of Last Report: **03/31/1995**

2. Principal Place of Business
21: 9350 Sunset Drive
Suite, Apt. #, etc.
22: Suite #100
City & State
23:
Zip 24: Country 25:

2a. Mailing Address
26: 9350 Sunset Drive
Suite, Apt. #, etc.
27: Suite 100
City & State
28:
Zip 29: Country 30:

4. F.E.I. 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

9. Name and Address of Current Registered Agent

ROBBINS, CHARLES D ESQU
BLACKWEB 2500 SUN BANK
1 S.W. 3RD AVE
MIAMI FL 33131

10. Name and Address of New Registered Agent

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required if not restricting)

12. OFFICERS AND DIRECTORS

TITLE	DAP	☐ DELETE
NAME	CARR, JAMES	
STREET ADDRESS	~~9040 SUNSET DR, #15~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	VTS	☐ DELETE
NAME	EISENACHER, L. HAROLD	
STREET ADDRESS	~~9040 SUNSET DR, #15~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	VA	☐ DELETE
NAME	CHERNYS, LEONARD	
STREET ADDRESS	~~9040 SUNSET DR, #15~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	VA	☐ DELETE
NAME	MEDLECOT, RICHARD	
STREET ADDRESS	~~9040 SUNSET DR, #15~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE	VA	☐ DELETE
NAME	IBARRIA, DIANA	
STREET ADDRESS	~~9040 SUNSET DR, #15~~	
CITY-ST-ZIP	~~MIAMI FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D.P.	☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
1.4 CITY-ST-ZIP	Miami, FL. 33173	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
2.4 CITY-ST-ZIP	Miami, FL. 33173	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
3.4 CITY-ST-ZIP	Miami, FL. 33173	
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
4.4 CITY-ST-ZIP	Miami, FL. 33173	
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
5.4 CITY-ST-ZIP	Miami, FL. 33173	
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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. 1/31/96 (305) 595-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #