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

APPROVED AND FILED

95 APR -3 PM 4:16

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # P94000019318

1. Corporation Name

WESTBROOKE @ OAKRIDGE, INC.

100001448731
-04/06/95--01017--010
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
9040 Sunset Drive Suite #15 Miami, FL 33173	9040 Sunset Drive Suite #15 Miami, FL 33173

3. Date Incorporated or Qualified | 3a. Date of Last Report

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)

4. FEI Number 65-0499046 ☐ 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. ESQ.
BLACKWELL WALKER
2500 SUN BANK INT'L BUILDING
ONE S.E. THIRD 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 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 NAME STREET ADDRESS CITY-ST-ZIP D. CARR, JAMES 9040 SUNSET DRIVE, SUITE #15 MIAMI, FL. 33173	11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VTS EISENACHER, L. HAROLD 9040 SUNSET DRIVE, SUITE #15 MIAMI, FL 33173	21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VAS CHERNYS, LEONARD 9040 SUNSET DRIVE, SUITE #15 MIAMI, FL 33173	31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VAS MEDLECOT, RICHARD SR. 9040 SUNSET DRIVE, SUITE #15 MIAMI, FL 33173	41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP VAS IBARRIA, DIANA 9040 SUNSET DRIVE, SUITE #15 MIAMI, FL 33173	51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP ☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP ☐ Change ☐ Addition

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: 3-16-95

SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL AUTHORIZED OFFICER OR DIRECTOR — Date

Harold L. Eisenacher

RW 4-3-95