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 # **P94000019318 (2)**

1. Corporation Name
WESTBROOKE AT OAK RIDGE, 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: 03/07/1994
3a. Date of Last Report: 04/03/1995

2. Principal Place of Business	2a. Mailing Address
21 9350 Sunset Dr.	26 9350 Sunset Dr.
Suite, Apt. #, etc. 22 Suite 100	Suite, Apt. #, etc. 27 Suite 100
City & State 23	City & State 28
Zip / Country 24 / 25	Zip / Country 29 / 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 ES
2500 SUN BANK INT'L BUILDING
ONE SE THIRD 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 when mail sealing)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	☐ DELETE	1.1 TITLE	D P	☒ Change ☐ Addition
NAME	CARR, JAMES		1.2 NAME		
STREET ADDRESS	~~9040 SUNSET DRIVE SUITE 15~~		1.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL 33173~~		1.4 CITY-ST-ZIP	Miami, FL. 33173	
TITLE	VTS	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	EISENACHER, L. HAROLD		2.2 NAME		
STREET ADDRESS	~~9040 SUNSET DRIVE SUITE 15~~		2.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL 33173~~		2.4 CITY-ST-ZIP	Miami, FL. 33173	
TITLE	VAS	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	CHERNYS, LEONARD		3.2 NAME		
STREET ADDRESS	~~9040 SUNSET DRIVE SUITE 15~~		3.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL 33173~~		3.4 CITY-ST-ZIP	Miami, FL. 33173	
TITLE	VAS	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MEDLECOT, RICHARD SR		4.2 NAME		
STREET ADDRESS	~~9040 SUNSET DRIVE SUITE 15~~		4.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL 33173~~		4.4 CITY-ST-ZIP	Miami, FL. 33173	
TITLE	VAS	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	IBARRIA, DIANA		5.2 NAME		
STREET ADDRESS	~~9040 SUNSET DRIVE SUITE 15~~		5.3 STREET ADDRESS	9350 Sunset Drive, Suite 100	
CITY-ST-ZIP	~~MIAMI FL 33173~~		5.4 CITY-ST-ZIP	Miami, FL. 33173	
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			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)(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: [signature] HAROLD L. EISENACHER, V.P. 1/25/96 305-595-3281
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #