

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

FILED

98 APR 28 PM 1:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000035653 (2)

1. Corporation Name

WESTBROOKE AT PEMBROKE PINES, INC.



Principal Place of Business

Mailing Address

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173
US

9350 SUNSET DRIVE
SUITE 100
MIAMI FL 33173
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/06/1994

4. FEI Number

65-0510377

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 owes or has paid the current year Intangible
Personal Property Tax due June 30.

Yes No

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

ROBBINS, CHARLES D
900 SUNBANK BUILDING
777 BRICKELL AVENUE
MIAMI FL 33131

81 Name

Corporation Service Company

82 Street Address (P.O. Box Number is Not Acceptable)

1201 Hayes St.

83

84 City

Tallahassee

FL

85 Zip Code

32301

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 Deborah W. Skipper as agent

4-28-98

Signature, typed or printed name of registered agent and the applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE DP ☐ DELETE

NAME CARR, JAMES
STREET ADDRESS 9350 SUNSET DRIVE #100
CITY-ST-ZIP MIAMI FL

TITLE VTS ☐ DELETE

NAME EISENACHER, HARRON L.
STREET ADDRESS 9350 SUNSET DRIVE SUITE 100
CITY-ST-ZIP MIAMI FL

TITLE VAS ☒ DELETE

NAME CHERNYS, LEONARD
STREET ADDRESS 9350 SUNSET DRIVE #100
CITY-ST-ZIP MIAMI FL

TITLE VAS ☒ DELETE

NAME MEDLECOT, RICHARD S
STREET ADDRESS 9350 SUNSET DRIVE #100
CITY-ST-ZIP MIAMI FL

TITLE VAS ☒ DELETE

NAME IBARRIA, DIANA
STREET ADDRESS 9350 SUNSET DRIVE #100
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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MD

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Mike McCraw

5949 Summerside Dr., Suite 110

Dallas TX 75252

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:

HARRON L. EISENACHER

4/28/98

305-595-

3281

CR2E034 (10/97)