

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # P94000055530 (7)  
1. Corporation Name  
WESTBROOKE AT WINSTON TRAILS, INC.

Principal Place of Business Mailing Address  
9350 SUNSET DRIVE SUITE 100 MIAMI FL 33173  
9350 SUNSET DRIVE SUITE 100 MIAMI FL 33173 US

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip Country 28 Zip Country  
24 25 29 30

3. Date Incorporated or Qualified  
07/25/1994  
4. FEI Number Applied For  
65-0520173 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

9. Name and Address of Current Registered Agent  
ROBBINS, CHARLES D  
900 SUN BANK BUILDING  
777 BRICKELL AVENUE  
MIAMI FL 33131

10. Name and Address of New Registered Agent  
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, if applicable, (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	<input type="checkbox"/> DELETE
NAME	CARR, JAMES	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE	V	<input checked="" type="checkbox"/> DELETE
NAME	STONE, BOB	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	CHERNYS, LEONARD	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	EISENACHER, H L	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE	VAS	<input type="checkbox"/> DELETE
NAME	IBARRIA, DIANA	
STREET ADDRESS	9350 SUNSET DRIVE, SUITE 100	
CITY-ST-ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	300002508629-0	
2.3 STREET ADDRESS	-05/04/98--01007--011	
2.4 CITY-ST-ZIP	****150.00 ****150.00	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	MIKE McRAW	
6.3 STREET ADDRESS	5999 Summerside Dr., Suite 110	
6.4 CITY-ST-ZIP	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 HAROLD I. EISENACHER 4/28/98 305-595-3281

CR2E034 (10/97)