

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 14 AM 11:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P97000107676 (3)

1. Corporation Name

WESTBROOKE ACQUISITION CORP.



DO NOT WRITE IN THIS SPACE

Principal Place of Business

Mailing Address

2699 S BAYSHORE DR. 7TH FLOOR
MIAMI FL 33133

2699 S BAYSHORE DR. 7TH FLOOR
MIAMI FL 33133

2. Principal Place of Business

2a. Mailing Address

21 9350 Sunset Drive

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 Suite 100

27

City & State

City & State

23 Miami, FL

28

Zip

Country

Zip

Country

24 33173

25

USA

29

30

3. Date Incorporated or Qualified

12/23/1997

4. FEI Number

65-0804459

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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

10. Name and Address of New Registered Agent

CORPCO, INC.
2699 S BAYSHORE DR, 7TH FLOOR
MIAMI FL 33133

81 Name

CORPORATION SERVICE COMPANY

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

1201 Hays Street

83

84 City

Tallahassee

FL

85

Zip Code
32301

11. Pursuant to the provisions of Section 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: *Karen B. Rozar*

Karen B. Rozar, As Its Agent

4-13-98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

D ☐ Change ☒ Addition
Bill C. Bradley
5999 Summerside Dr., #102
Dallas, TX 75252

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

P ☐ Change ☒ Addition
Michael McCraw
5999 Summerside Dr., #102
Dallas, TX 75252

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

S ☐ Change ☒ Addition
Tommy McAden
5999 Summerside Dr., #102
Dallas, TX 75252

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

☐ Change ☐ Addition
100002487501-4

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

☐ Change ☐ Addition

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

☐ Change ☐ Addition
4/14/98

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.

Tommy McAden, Secretary

CR2E034 (10/97)

2



ACCOUNT NO. : 072100000032

REFERENCE : 779740 4379955

AUTHORIZATION :

Patricia P. [Signature]

COST LIMIT : \$ 150.00

ORDER DATE : April 13, 1998

ORDER TIME : 10:10 AM

ORDER NO. : 779740-005

CUSTOMER NO: 4379955

CUSTOMER: Michael Mccraw, President
Pacific Usa Holdings Corp.
Suite 102
5999 Summerside Drive
Dallas, TX 75252

ANNUAL REPORT FILING

NAME: WESTBROOKE ACQUISITION CORP.

XX ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Stacy L Earnest

EXAMINER'S INITIALS: _____