

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

FILED  
May 19, 1999 8:00 am  
Secretary of State

05-19-1999 90006 012 \*\*\*900.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # S54231

1. Corporation Name

WESTBROOKE AT MIRAMAR, INC.

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

Mailing Address  
9350 SUNSET DRIVE SUITE 100  
MIAMI FL 33173

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/20/1991

4. FEI Number

65-0286985

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 the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21

Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROBBINS, CHARLES D. ESQ  
900 SUN BANK BLDG  
777 BRICKELL AVE  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

Robbins CHARLES D. ESQ

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

2699 S. BAYSHORE DR.

83

STE 700A

84 City

Miami

FL

85 Zip Code

33133

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

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME CARR, JAMES  
STREET ADDRESS 9350 SUNSET DRIVE SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE VTS  
NAME EISENACHER, L. HAROLD  
STREET ADDRESS 9350 SUNSET DRIVE SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE VAS  
NAME CHERNYS, LEONARD  
STREET ADDRESS 9350 SUNSET DRIVE SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE VA  
NAME IBARRIA, DIANA  
STREET ADDRESS 9350 SUNSET DRIVE SUITE 100  
CITY-ST-ZIP MIAMI FL 33173

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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

☐ Change ☐ Addition

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, with all other like empowered.

SIGNATURE:

L. HAROLD EISENACHER

4/28/99

(305) 595-5281

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0248850