SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

CITY-ST-ZIP

APPROVED **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION 97 JUL 30 PH 2: 35 Sandra B. Mortham ANNUAL REPORT Secretary of State SECRETARY OF STATE ALLAHASSEE, FLORIDA 1997 DIVISION OF CORPORATIONS DOCUMENT # L38646 (0) TCPA PROPERTIES, INC. Principal Place of Business Mailing Address 701 NORTHWEST 13TH STREET 701 NORTHWEST 13TH STREET **APARTMENT 8-1** APARTMENT B-1 DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33486 BOCA RATON FL 33486** 3. Date Incorporated or Qualified 3a. Date of Last Report 12/27/1989 03/12/1996 Mailing Address 4. FEI Number 2. Principal Place of Business Applied For 21 Not Applicable 26 65-0176047 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ Yes □ No 29 30 25 10. Name and Address of New Registered Agent 9, Name and Address of Current Registered Agent **B1** Name KLASFELD. JON 701 NW 13 ST APT B1 62 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33486** 83 84 City 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 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. PD DELETE Change Addition TITLE 1.1 TITLE KLASFELD, JON NAME 1.2 NAME 701 N.W. 13TH ST. APT.B1 STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIF 7000022564679 140797 -08/04/97-01084--019 DELETE STD 2.1 TITLE TITLE Klasfeld, ilene NAME 2.2 NAME 701 N.W. 13TH ST. APT.B1 ****165.00 ****165.00 2.3 STREET ADDRESS STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE ___ Change ___ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ■ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition ■ DELETE 6.1 TITLE TITLE NAME 6.2 NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

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

remailed

14. I do 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

appears in Block 12 or Block 13 if changed, or on an attachment with an address