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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

May 01 1997 8:00am

Secretary of State

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # L43537

(4)

TCI REAL ESTATE, INC.

SIGNATURE:

Principal Place of Business Mailing Address						I INTITIBIT DIN DEBON THÂL DEIMO JIHIT 1901	ALBIT BIRT DIAN DI		1(0() 100)
1248 VISCAVA FT LAUDERDAL US		301 E LAS OLAS BLVD	njames s haliczer eso 301 e las Olas BLVD Ft Lauderdale FL 33301-2228						
						3. Date Incorporated or Qualified 01/12/1990	3a. Date of 07/19/1		port
2. Principal Pa	ace of Business	2a. Mailing Address				4. FEt Number 65-0191811		·····	plied For t Applicable
Suite, Apt 4	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired	1 1 7 -	3.75 A Fee Red	dditional quired
City & State	3	City & State				Election Campaign Financing     Trust Fund Contribution		5.00 ( Added to	
Zip				intry		8. This corporation has liability for intangible tax under s. 199.032.			
24	25	29	30	<del>,</del>			Yes No		
	9. Name and Address of Current	Registered Agent		81	Name	10. Name and Address of New Re	jistered Agen	<u> </u>	
HALICZER, JAMES S ESQ									
	E LAS OLAS BLVD AUDERDALE FL 33301			82	Street Add	ress (P.O. Box Number is Not Acceptab	le)		
,,,	AUDERDALL I'L 00001			83					
				84	City		FL 85	Zip C	ode
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607,1508, Florida Statul	tes, the a	bove-	named corp	poration submits this statement for the p	urnose of char	l nging its	registered
office or re	egistered agent, or both, in the State of familiar with, and accept the obligation	of Florida, Such change was :	authorize	id by	the corpora	tion's board of directors. I hereby accep	t the appointm	ient as r	registered
SIGNATURE	Tayling Villi, and decop, the obliga		onda on						İ
SIGNATURE	Signature, typed or printed name of registered ager	nt and title if applicable. (NO)		d Agen	t signature requi	ired when reinstating)	DATE		
12.	OFFICERS AND		13.			ADDITIONS/CHANGES TO OFFIC			
TITLE	D DANES O	=		ITLE	ĺ			Change	Addition
NAME	TRACEY, DAVID G		i i	1.2 NAME					
STREET ADDRESS	CARE CORAL EL				ADDRESS	·			
CITY - ST - ZIP	D CAPE CORAL PL	DELETE		ITY-ST	- ZIP			Change	Addition
TILE	POLARY IDAPALLI			2.1 TITLE 2.2 NAME			۷ استا	лиандо	
NAME Object Apoptor	1248 VISCAYA PARKWAY		2.2 NAME 2.3 STREET ADDRESS		LODDECE				
STREET ADDRESS   CITY+ST-ZIP	CAPE CORAL FL			2.4 CITY-ST-ZIP					i
IIIIE				3.1 TITLE				Change	☐ Addition
NAME	CRAMER, DIANE M		3.2 N	IAME	[				
STREET ADDRESS	1248 VISCAYA PARKWAY		3.3 S	TREET	ADDRESS .				
City-St-7iP	CAPE CORAL FL		3.4. (	CITY-S	r-ZIP				
TITLE	D	DELETE	4.1 T	ITLE				Change	Addition .
NAME	HALICZER, JAMES		4. 2 1	NAME	İ				
\$1REEL ADDRESS	301 E LAS OLAS BLVD		4.3 S	TREET /	ADDRESS				
CITY - ST - ZIP	FT LAUDERDALE FL	P Drugge		ITY-ST	-ZIP			Change	Addition
TITLE		DELETE	5.1 T				L.J (	Change	L. Addition
NAME OTREET ARRESTS			5.2 N		ADDOTEC	:			
STREET ADDRESS				SIKEET /	ADDRESS	•			
C/TY - ST - ZIP TITLE	1 MA 1 A 10 - ( ) 1 MA 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1 M 1	DELETE	6.1 T		r II			Change	Addition
NAME			6.2 N			•		-	
STREET ADDRESS			I		ADDRESS				
CITY-ST-ZIP			6.4 0	CITY - ST	- ZIP		<u> </u>		
14. I do heret	by certify that the information supplied	with this filing does not qual	ify for the	exer	nption state	ed in Section 119.07(3)(i), Florida Statute	s. I further cert	ify that	the
Lam an of	in indicated on this annual report or a flicer or director of the corporation or in Block 12 or Block 13 if changed or	the receiver or trustee empoy	vered to	execu execu	idie and tha ute this repo	at my signature shall have the same lega ort as required by Chapter 607, Florida 5	itatutes; and th	iat my n	ame

DAVIDIG TRACEY