

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

FILED

**Apr 15 1998 8:00am
Secretary of State**

| | | |
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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # L43537 (4)

1. Corporation Name
TCI REAL ESTATE, INC.



DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| Principal Place of Business 1248 VISCAYA PARKWAY FT LAUDERDALE FL 33301 US | Mailing Address %JAMES S HALICZER ESO 301 E LAS OLAS BLVD FT LAUDERDALE FL 33301 |
|--|--|

3. Date Incorporated or Qualified
01/12/1990

| | |
|--|--|
| 2. Principal Place of Business 21 1248 Viscaya Parkway | 2a. Mailing Address 26 101 NE Third Avenue |
| Suite, Apt. #, etc. 22 | Suite, Apt. #, etc. 27 Suite 600 |
| City & State 23 Cape Coral, Florida | City & State 28 Fort Lauderdale, Florida |
| Zip 24 33990 | Country 25 |
| Zip 29 33301 | Country 30 Broward |

4. FEI Number
65-0191811

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**HALICZER, JAMES S ESO
301 E LAS OLAS BLVD
FT LAUDERDALE FL 33301**

10. Name and Address of New Registered Agent

81 Name
Haliczer, James S., Esq.

82 Street Address (P.O. Box Number is Not Acceptable)
101 N.E. Third Avenue, Suite 600

83

84 City
Fort Lauderdale

85 Zip Code
FL 33301

11. Pursuant to the provisions of Sections 607.0502 and 607.0503, 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 provisions of Sections 607.0502 and 607.0503, Florida Statutes.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title, if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|--|---|--|
| TITLE | D <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRACEY, DAVID G | 1.2 NAME | |
| STREET ADDRESS | 1248 VISCAYA PARKWAY | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 1.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | TRACEY, JOSEPH H | 2.2 NAME | |
| STREET ADDRESS | 1248 VISCAYA PARKWAY | 2.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 2.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CRAMER, DIANE M | 3.2 NAME | |
| STREET ADDRESS | 1248 VISCAYA PARKWAY | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | CAPE CORAL FL | 3.4 CITY-ST-ZIP | |
| TITLE | D <input type="checkbox"/> DELETE | 4.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HALICZER, JAMES | 4.2 NAME | Haliczer, James |
| STREET ADDRESS | 301 E LAS OLAS BLVD | 4.3 STREET ADDRESS | 101 N.E. Third Avenue, Suite 600 |
| CITY-ST-ZIP | FT LAUDERDALE FL | 4.4 CITY-ST-ZIP | Fort Lauderdale, Florida 33301 |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 6.4 CITY-ST-ZIP | |

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 submit 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 thereto, if so.

SIGNATURE _____

CR2E034 (10/97)