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

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**PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 22 PM 4: 03 DOCUMENT # F32993 (0)SLURETARY OF STATE TALLAHASSEE, FLORIDA CTS PROPERTIES, INC. Principal Place of Business Mailing Address 6400 CONGRESS AVENUE 0400 CONGRESS AVENUE SUITE 2000 SUITE 2000-**BOCA-FIATION FL-83407** BOCA RATON FL 33487~ DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>05/01/1981</u> 2. Principal Place of Business 2a. Mailing Address 4. FEI Numbe Applied For 21 717 N. Harwood 26 717 N. Harwood 59-2083982 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 1200 1200 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23  $\omega$   $\omega$ 28 Trust Fund Contribution Added to Fees Country  $Z_{10}$ Country This corporation owes or has paid the current year Intangible 75201 AZU 75201 USA 25 29 Personal Property Tax due June 30. X Mo Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name FISH, DEBORAH L. opposeton Service 6400 CONGRESS AVENUE, SUITE 2000 82 Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** 83 84 City Zin Code 3234 / Tallahas 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 agont, 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. 1 an familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. of userfered agent and title it approable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. **Z**DELETÉ TITLE 1.1 THE Change Terwilliger, Ronald NAME **TERWILLIGER, J. RONALD** 1.2 NAME 2859 Paces Ferry 2859 PACES FERRY STREET ADDRESS 1.3 STREET ADDRESS **ATLANT**A GA Atlanta GA CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE TITLE AS 2.1 THUE Change Addition Addition Steinhaudt, Shari NAME FISH. DEBORAH 22 NAME 6400 Conques Ave , Ste, 1000 STREET ADDRESS 6400 CONGRESS AVE. #2000 2.3 STREET ADDRESS Boca Raton, FL 33487 CITY-ST-ZIP **BOCA RATON FL** 2. 4 CITY-ST-ZIP DELETE TITLE 3.1 TITLE Change Addition **CROW.HARLAN** NAME 3.2 NAME 700002498827--4 -04/24/38--0100 Chan 01 1 Addition STREET ADDRESS 2001 ROSS AVENUE #3500 3.3 STREET ADDRESS DALLAS TX 75201 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TITLE NAME WHEELER, CHRIS 4. 2 NAME STREET ADDRESS 6400 CONGRESS AVENUE 4.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 4.4 CITY - ST - 7IP TITLE DELETE 5 1 117LE VST Change Addition NAME **BRYANT, BRAD** 5.2 NAME STREET ADDRESS 6400 CONGRESS AVE. 5.3 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 5.4 CITY - ST - ZIP TITLE DELETE 6.1 THTLE NAME **IGLEHART.** GREG 6.2 NAME 6400 CONGRESS AVE STREET ADDRESS 6.3 STREET ADDRESS **BOCA RATON FL** 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 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.