

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
**1995**



FLORIDA DEPARTMENT OF STATE  
Annette B. Martensen  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**

95 APR 19 AM 1:10

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000000878 (7)**

1. Corporation Name

TBC NO. 110, INC.

Principal Place of Business

2800 S. BAYSHORE DRIVE  
SUITE 3000  
COCONUT GROVE FL 33133

Mailing Address

2800 S. BAYSHORE DRIVE  
SUITE 3000  
COCONUT GROVE FL 33133

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified      34. Date of Last Report

01/06/1993

07/05/1994

2. Principal Place of Business

21      25

2a. Mailing Address

26

Suite, Apt. #, etc.

22      27

Suite, Apt. #, etc.

City & State

23      28

City & State

Zip

24      25

Zip

\* Country

29      30

Country

6. This corporation has liability for intangible tax under §. 199.032, Florida Statutes       Yes       No

7. FEI Number

APPLIED FOR 65-0567668       Applied For       Not Applicable

8. Certificate of Status Desired       \$8.75 Additional Fee Required

9. Election Campaign Financing Trust Fund Contribution       \$5.00 May Be Added to Fees

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent		81	Name	
LEHRMAN, JEFFREY E 2800 S. BAYSHORE DRIVE SUITE 3000 COCONUT GROVE FL 33133		82	Street Address (P.O. Box Number Is Not Acceptable)	
		83		
		84	City	85 Zip Code
<b>FL</b>				

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 reselling)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	LEHRMAN, JEFFREY E ESO	1.2 NAME		
STREET ADDRESS	2800 S. BAYSHORE DRIVE, SUITE 3000	1.3 STREET ADDRESS		
CITY - ST - ZIP	COCONUT GROVE FL 33133	1.4 CITY - ST - ZIP		
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		2.2 NAME		
STREET ADDRESS		2.3 STREET ADDRESS		
CITY - ST - ZIP		2.4 CITY - ST - ZIP		
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		3.2 NAME		
STREET ADDRESS		3.3 STREET ADDRESS		
CITY - ST - ZIP		3.4 CITY - ST - ZIP		
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY - ST - ZIP		4.4 CITY - ST - ZIP		
TITLE		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		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 that my attorney 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 in an addendum with new address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #