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May 06 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000003493 (4)**

1. Corporation Name

**TCR SFA APARTMENTS, INC.**



Principal Place of Business <b>6400 CONGRESS AVE. SUITE 2000 BOCA RATON FL 33487</b>	Mailing Address <b>6400 CONGRESS AVE. SUITE 2000 BOCA RATON FL 33487-2810</b>
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3. Date Incorporated or Qualified <b>07/30/1993</b>	3a. Date of Last Report <b>04/25/1996</b>
4. FEI Number <b>75-2493014</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent <b>FISH, DEBORAH L. 6400 CONGRESS AVENUE, SUITE 2000 BOCA RATON FL 33487</b>	
81 Name	82 Street Address (P.O. Box Number is Not Acceptable)
83	84 City
85 Zip Code	<b>FL</b>

10. Name and Address of New Registered Agent	
81 Name	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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FISH, DEBORAH L</b>	1.2 NAME	
STREET ADDRESS	<b>6400 CONGRESS AVE., SUITE 2000</b>	1.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>	1.4 CITY - ST - ZIP	
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>TERWILLIGER, J. RONALD</b>	2.2 NAME	
STREET ADDRESS	<b>2859 PACES FERRY ROAD, SUITE 1400</b>	2.3 STREET ADDRESS	
CITY - ST - ZIP	<b>ATLANTA GA 30339</b>	2.4 CITY - ST - ZIP	
TITLE	VD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CROW, HARLAN S</b>	3.2 NAME	
STREET ADDRESS	<b>2001 ROSS AVENUE, SUITE 3500</b>	3.3 STREET ADDRESS	
CITY - ST - ZIP	<b>DALLAS TX 75201</b>	3.4 CITY - ST - ZIP	
TITLE	VP <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>WHEELER, CHRIS</b>	4.2 NAME	
STREET ADDRESS	<b>6400 CONGRESS AVE.</b>	4.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 75201</b>	4.4 CITY - ST - ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MACDONALD, WILLIAM C</b>	5.2 NAME	<b>VP</b>
STREET ADDRESS	<b>6400 CONGRESS AVE., SUITE 2000</b>	5.3 STREET ADDRESS	<b>6400 Congress Ave</b>
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>	5.4 CITY - ST - ZIP	<b>Boca Raton, FL 33487</b>
TITLE	VAS <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BRYANT, BRADLEY D</b>	6.2 NAME	
STREET ADDRESS	<b>6400 CONGRESS AVE., SUITE 2000</b>	6.3 STREET ADDRESS	
CITY - ST - ZIP	<b>BOCA RATON FL 33487</b>	6.4 CITY - ST - ZIP	

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	<b>VP</b>
5.3 STREET ADDRESS	<b>6400 Congress Ave</b>
5.4 CITY - ST - ZIP	<b>Boca Raton, FL 33487</b>
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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 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.

SIGNATURE:  **DEBORAH L. FISH** 4/16/97 561/997-9700  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Deborah L. Fish, Assistant Secretary

CR2E034 (9/96)