

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

FILED  
May 15 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F93000004738 (1)**

1. Corporation Name  
**TCR DEVELOPMENT BVP, INC.**

Principal Place of Business <b>541 SOUTH ORLANDO AVE. SUITE 210 MAITLAND FL 32751 US</b>	Mailing Address <b>541 SOUTH ORLANDO AVE. SUITE 210 MAITLAND FL 32751 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>10/18/1993</b>
21	26	4. FEI Number <b>75-2503801</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.	Applied For <input type="checkbox"/> Not Applicable
22	27	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>
23	28	7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Zip	Country	
24	25	29
30		

9. Name and Address of Current Registered Agent

**HOEKSEMA, DOUGLAS A.  
541 SOUTH ORLANDO AVE.  
SUITE 210  
MAITLAND FL 32751**

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
FL	85 Zip Code

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	<b>HOEKSEMA, DOUGLAS A</b>	
STREET ADDRESS	<b>541 SOUTH ORLANDO AVE., #210</b>	
CITY-ST-ZIP	<b>MAITLAND FL</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>TERWILLIGER, J. RONALD</b>	
STREET ADDRESS	<b>2850 PACES FERRY RD., #1400</b>	
CITY-ST-ZIP	<b>ATLANTA GA 30339</b>	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	<b>CROW, HARLAN R.</b>	
STREET ADDRESS	<b>2001 ROSS AVE., #3500</b>	
CITY-ST-ZIP	<b>DALLAS TX</b>	
TITLE	VTS	<input type="checkbox"/> DELETE
NAME	<b>PACE, RANDY J</b>	
STREET ADDRESS	<b>717 N. HARWOOD, #1200</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	<b>SHAMBLIN, LEE ANN</b>	
STREET ADDRESS	<b>717 N. HARWOOD, #1200</b>	
CITY-ST-ZIP	<b>DALLAS TX 75201</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

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 type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 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 its 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:

*Doug Hoeksema*

CR2E034 (10/97)