FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED
95 FEB 22 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **F93000005479 (1)**

1. Corporation Name
TCR SFA CONGRESS PARK, INC.

Principal Place of Business	Mailing Address
6400 CONGRESS AVE. SUITE 2000 BOCA RATON FL 33487	6400 CONGRESS AVE. SUITE 2000 BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/02/1993
3a. Date of Last Report: 03/10/1994
4. FEI Number: 75-2511115 ☐ 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 has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

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

9. Name and Address of Current Registered Agent

BRYANT, BRADLEY D
6400 CONGRESS AVENUE
SUITE 2000
BOCA RATON FL 33487

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 _____ 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	PD	11 TITLE	☐ Change ☐ Addition
NAME	TERWILLIGER, J R	12 NAME	
STREET ADDRESS	2859 PACES FERRY RD, STE 1400	13 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	14 CITY-ST-ZIP	
TITLE	ST	21 TITLE	☐ Change ☐ Addition
NAME	PACE, RANDY J	22 NAME	200001412912
STREET ADDRESS	717 N HARWOOD, STE 1200	23 STREET ADDRESS	-02/23/95--01007--008
CITY-ST-ZIP	DALLAS TX	24 CITY-ST-ZIP	****200.00 ****200.00
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	BRYANT, BRADLEY D	32 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	34 CITY-ST-ZIP	
TITLE	AS	41 TITLE	☐ Change ☐ Addition
NAME	FISH, DEBORAH L	42 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	44 CITY-ST-ZIP	
TITLE	~~AS~~	51 TITLE	☐ Change ☐ Addition
NAME	~~SATTERFIELD, LAURA L~~	52 NAME	
STREET ADDRESS	~~717 N HARWOOD, STE 1200~~	53 STREET ADDRESS	
CITY-ST-ZIP	~~BOCA RATON FL~~	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	SHAMBIN, LEE A	62 NAME	2/22/95 MLB
STREET ADDRESS	717 N HARWOOD, STE 1200	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	64 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 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 2/10/95 407/227-7700
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #
Deborah L. Fish, Assistant Secretary

CR2E048 (1/94) CP