

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

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May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002036 (1)

1. Corporation Name

TCR SFA HOMESTEAD COLONY, INC.

Principal Place of Business

6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

Mailing Address

6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487-2810



2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 04/20/1994	3a. Date of Last Report 04/25/1996
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 75-2531545	Applied For Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Country	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

FISH, DEBORAH L.
6400 CONGRESS AVE., STE 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
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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERWILLIGER, J R	1.2 NAME	
STREET ADDRESS	2859 PACES FERRY ROAD, STE 1400	1.3 STREET ADDRESS	
CITY - ST - ZIP	ATLANTA GA	1.4 CITY - ST - ZIP	
TITLE	VDT	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, RANDY J	2.2 NAME	
STREET ADDRESS	717 N. HARWOOD, STE 1200	2.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	2.4 CITY - ST - ZIP	
TITLE	V	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IGLEHART, GREG W	3.2 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	3.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	3.4 CITY - ST - ZIP	
TITLE	AS	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACDONALD, WILLIAM C	4.2 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	4.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	4.4 CITY - ST - ZIP	
TITLE	AS	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FISH, DEBORAH L	5.2 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, STE 2000	5.3 STREET ADDRESS	
CITY - ST - ZIP	BOCA RATON FL	5.4 CITY - ST - ZIP	
TITLE	AS	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SATTERFIELD, LAURA L	6.2 NAME	
STREET ADDRESS	717 N. HARWOOD, STE 1200	6.3 STREET ADDRESS	
CITY - ST - ZIP	DALLAS TX	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

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Deborah L. Fish, Assistant Secretary

4/16/97 561/997-9700

Date

Daytime Phone #

CR2034 (9/96)