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 # **F94000002534 (5)**

1. Corporation Name
TCR SFA SAN REMO, INC.

Principal Place of Business	Mailing Address
~~717 N. HARWOOD~~ ~~SUITE 1200 LB 120~~ ~~DALLAS TX 75201~~	~~717 N. HARWOOD~~ ~~SUITE 1200 LB 120~~ ~~DALLAS TX 75201~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 6400 Congress Ave.	26 6400 Congress Ave.
22 Suite, Apt. #, etc. 2000	27 Suite, Apt. #, etc. 2000
23 City & State Boca Raton, FL	28 City & State Boca Raton, FL
24 Zip 33487 25 Country USA	29 Zip 33487 30 Country USA

4. FEI Number: **75-2536169** ☐ 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

9. Name and Address of Current Registered Agent

BRYANT, BRAD D
6400 CONGRESS AVE., #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 — 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	WHEELER, CHRIS D	12 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	13 STREET ADDRESS	400001412934
CITY-ST-ZIP	BOCA RATON FL 33487	14 CITY-ST-ZIP	-02/23/95--01007--015 ****200.00 ****200.00
TITLE	VAS	21 TITLE	☐ Change ☐ Addition
NAME	BRYANT, BRAD D	22 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	23 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	24 CITY-ST-ZIP	
TITLE	V	31 TITLE	☐ Change ☐ Addition
NAME	INGLEHART, GREG W	32 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	33 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	34 CITY-ST-ZIP	
TITLE	V	41 TITLE	☐ Change ☐ Addition
NAME	CROW, HARLAN R	42 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	43 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	44 CITY-ST-ZIP	
TITLE	V	51 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, WILLIAM C	52 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	53 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	54 CITY-ST-ZIP	
TITLE	AS	61 TITLE	☐ Change ☐ Addition
NAME	FISH, DEBORAH L	62 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	63 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	64 CITY-ST-ZIP	

2/22/95 MB

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
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL
Deborah L. Fish, Assistant Secretary

2/10/95
Date

407/777-9700
Daytime Phone #

047B97 FP