FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # **F94000002534 (5)**

1. Corporation Name

TCR SFA SAN REMO, 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

3. Date Incorporated or Qualified: **05/16/1994**
3a. Date of Last Report: **02/22/1995**

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

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: Deborah L. Fish
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: Deborah L. Fish — Date: 3/14/96
Signature, typed or printed name of registered agent and the capacity in which signed — Date: Registered Agent Signature required for persons not listed above

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, CHRIS D	1.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	1.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	
TITLE	VAS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, BRAD D	2.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	2.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	2.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	INGLEHART, GREG W	3.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	3.4 CITY-ST-ZIP	
TITLE	V ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	CROW, HARLAN R	4.2 NAME	200001797382
STREET ADDRESS	6400 CONGRESS AVE., #2000	4.3 STREET ADDRESS	-04/29/96--01016--040
CITY-ST-ZIP	BOCA RATON FL 33487	4.4 CITY-ST-ZIP	***200.00
TITLE	V ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	MACDONALD, WILLIAM C	5.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	5.4 CITY-ST-ZIP	
TITLE	AS ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	FISH, DEBORAH L	6.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE., #2000	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	6.4 CITY-ST-ZIP	

DR 4.25

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)(k), 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 — Date: 3/14/96 — Daytime Phone #: 407/997-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah L. Fish, Assistant Secretary

CR2E034 (12/95)