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FILED
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

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 33487-2810

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

05/16/1994

3a. Date of Last Report

04/25/1996

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

FISH, DEBORAH L.
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

Signature typed or printed name of registered agent and date if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

1. TITLE ☐ DELETE

NAME
WHEELER, CHRIS D
STREET ADDRESS
6400 CONGRESS AVE., #2000
CITY-ST-ZIP
BOCA RATON FL 33487

2. TITLE ☐ DELETE

NAME
BRYANT, BRAD D
STREET ADDRESS
6400 CONGRESS AVE., #2000
CITY-ST-ZIP
BOCA RATON FL 33487

3. TITLE ☐ DELETE

NAME
INGLEHART, GREG W
STREET ADDRESS
6400 CONGRESS AVE., #2000
CITY-ST-ZIP
BOCA RATON FL 33487

4. TITLE ☐ DELETE

NAME
CROW, HARLAN R
STREET ADDRESS
6400 CONGRESS AVE., #2000
CITY-ST-ZIP
BOCA RATON FL 33487

5. TITLE ☐ DELETE

NAME
MACDONALD, WILLIAM C
STREET ADDRESS
6400 CONGRESS AVE., #2000
CITY-ST-ZIP
BOCA RATON FL 33487

6. TITLE ☐ DELETE

NAME
FISH, DEBORAH L
STREET ADDRESS
6400 CONGRESS AVE., #2000
CITY-ST-ZIP
BOCA RATON FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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

Date

561/997-9700

Daytime Phone #

0338337

CR2E034 (9/96)