

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # F94000002993 (3)

1. Corporation Name

TCR SFA MIZNER, INC.

Principal Place of Business

717 N. HARWOOD, STE 1200, LB 128
DALLAS TX 75301

Mailing Address

717 N. HARWOOD, STE 1200, LB 128
DALLAS TX 75301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/08/1994

3a. Date of Last Report

95 FEB 22 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

21 6400 Congress Ave

2a. Mailing Address

26 6400 Congress Ave

22 Suite, Apt #, etc

22 2000

27 Suite, Apt #, etc

27 2000

23 City & State

23 Boca Raton, FL

28 City & State

28 Boca Raton, FL

24 Zip

24 33487

25 Country

25 USA

29 Zip

29 33487

30 Country

30 USA

4. FEI Number

75-2541337

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$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., 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

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 title if applicable)

(NOTE: Registered Agent signature required when consolidating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD
NAME WHEELER, CHRIS D
STREET ADDRESS 6400 CONGRESS AVENUE, STE 2000
CITY, ST, ZIP BOCA RATON FL

TITLE VAS
NAME BRYANT, BRAD D
STREET ADDRESS 6400 CONGRESS AVENUE, STE 2000
CITY, ST, ZIP BOCA RATON FL

TITLE V
NAME BREINING, CLIFFORD A
STREET ADDRESS 6552 VIA DOS VALLES
CITY, ST, ZIP RANCHO SANTA FE CA

TITLE VD
NAME TERWILLIGER, J R
STREET ADDRESS 2859 PACES FERRY ROAD, STE 1400
CITY, ST, ZIP ATLANTA GA

TITLE VD
NAME CROW, HARLAN R
STREET ADDRESS 2001 ROSS AVENUE, STE 3500
CITY, ST, ZIP DALLAS TX

TITLE V
NAME IGLEHART, GREG W
STREET ADDRESS 6400 CONGRESS AVENUE, STE 2000
CITY, ST, ZIP BOCA RATON FL

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

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 at the moment of filing, and that my signature shall have the same legal effect as if made under oath, that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Sandra B. Northing, Assistant Secretary

2/10/95

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