
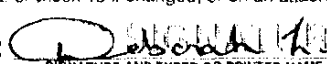


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

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 # F94000006499 (7) 1. Corporation Name TCR SFA BOYNTON BEACH, INC.					
Principal Place of Business 6400 CONGRESS AVE STE 2000 BOCA RATON FL 33487 US			Mailing Address 6400 CONGRESS AVE STE 2000 BOCA RATON FL 33487-2810 US		
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 12/20/1994 3a. Date of Last Report 04/25/1996 4. FEI Number 75-2571350 5. Certificate of Status Desired <input type="checkbox"/> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> 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., #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 FL	
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 _____ <small>Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating.)</small> DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input checked="" type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	MACDONALD, WILLIAM C		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	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	IGLEHART, GREG W		4.2 NAME		
STREET ADDRESS	6400 CONGRESS AVE., #2000		4.3 STREET ADDRESS		
CITY-ST-ZIP	BOCA RATON FL 33487		4.4 CITY-ST-ZIP		
TITLE	AS	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	FISH, DEBORAH L		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	VD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	TERWILLIGER, J R		6.2 NAME		
STREET ADDRESS	2859 PACES FERRY RD., #1400		6.3 STREET ADDRESS		
CITY-ST-ZIP	ATLANTA GA 30339		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:  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 #		

CR2E034 (9/96)