

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # F95000000363 (0)
1. Corporation Name
TCR SOUTH FLORIDA CONSTRUCTION COMPANY, INC.

FILED
98 APR 22 PM 4: 05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address
~~6400 CONGRESS AVENUE, SUITE 2000~~
~~BOCA RATON FL 33487~~ ~~6400 CONGRESS AVENUE, SUITE 2000~~
~~BOCA RATON FL 33487~~

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 717 N. Harwood 26 717 N. Harwood
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 1200 27 1200
City & State City & State
23 Dallas TX 28 Dallas TX
Zip Country Zip Country
24 75201 25 USA 29 75201 30 USA

3. Date Incorporated or Qualified
01/23/1995
4. FEI Number Applied For
75-2193563 Not Applicable
5. Certificate of Status Desired ☐ \$8.75 Additional
Fee Required
6. Election Campaign Financing ☐ \$5.00 May Be
Trust Fund Contribution Added to Fees
8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
FISH, DEBORAH L.
6400 CONGRESS AVENUE, SUITE 2000
BOCA RATON FL 33487
81 Name Corporation Service Company
82 Street Address (P.O. Box Number is Not Acceptable)
1201 Hays Street
83
84 City Tallahassee FL 85 Zip Code 32301

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 *Sandra B. Mortham* 4-22-98
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input checked="" type="checkbox"/> DELETE	1.1 TITLE	Assistant Secretary <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	WHEELER, CHRIS D	1.2 NAME	Steinhardt, Shari
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000	1.3 STREET ADDRESS	6400 Congress Ave., Ste. 1000
CITY-ST-ZIP	BOCA RATON FL 33487	1.4 CITY-ST-ZIP	Boca Raton, FL 33487
TITLE	DV <input checked="" type="checkbox"/> DELETE	2.1 TITLE	PD <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TERWILLIGER, J. RONALD	2.2 NAME	Terwilliger, Ronald
STREET ADDRESS	2859 PACES FERRY ROAD, SUITE 1400	2.3 STREET ADDRESS	2859 Paces Ferry Road
CITY-ST-ZIP	ATLANTA GA 30339	2.4 CITY-ST-ZIP	Atlanta, GA
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CROW, HARLAN R	3.2 NAME	
STREET ADDRESS	2001 ROSS AVENUE, 3500 TRAMMELL CROW CENTR	3.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX 75201	3.4 CITY-ST-ZIP	
TITLE	STV <input type="checkbox"/> DELETE	4.1 TITLE	3000024909012-816 <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PACE, RANDY J	4.2 NAME	-04/24/98-01007-007
STREET ADDRESS	717 N. HARWOOD, SUITE 1200	4.3 STREET ADDRESS	****150.00 ****150.00
CITY-ST-ZIP	DALLAS TX 75201	4.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BRYANT, BRAD D	5.2 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000	5.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL 33487	5.4 CITY-ST-ZIP	
TITLE	V <input checked="" type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	IOLEHART, GREG	6.2 NAME	
STREET ADDRESS	6400 CONGRESS AVENUE, SUITE 2000	6.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	6.4 CITY-ST-ZIP	

14. I 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.

CR2E034 (10/97)