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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 # F95000002449 (5)

1. Corporation Name

TCR SFA DELRAY, INC.

Principal Place of Business

6400 CONGRESS AVE.  
2000  
BOCA RATON FL 33487

Mailing Address

6400 CONGRESS AVE.  
2000  
BOCA RATON FL 33487-2810



2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified  
05/18/1995

3a. Date of Last Report  
04/25/1996

4. FEI Number

75-2595240

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 title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	DELETE
NAME	WHEELER, CHRIS D	
STREET ADDRESS	6400 CONGRESS AVE., #2000	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	V	DELETE
NAME	IGLEHART, GREG W	
STREET ADDRESS	6400 CONGRESS AVE., #2000	
CITY-ST-ZIP	BOCA RATON FL 33487	
TITLE	VD	DELETE
NAME	TERWILLIGER, J R	
STREET ADDRESS	2859 PACES FERRY RD., #1400	
CITY-ST-ZIP	ATLANTA GA 30339	
TITLE	V	DELETE
NAME	CROW, HARLAN R	
STREET ADDRESS	2001 ROSS AVE., #3500	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	VST	DELETE
NAME	PACE, RANDY J	
STREET ADDRESS	717 N. HARWOOD, #1200, LB 128	
CITY-ST-ZIP	DALLAS TX 75201	
TITLE	V	DELETE
NAME	MACDONALD, WILLIAM C	
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* REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/16/97

561/917-9700

Date

Daytime Phone #

CR2E034 (9/96)