

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 # F95000002450 (3) 1. Corporation Name TCR SFA ST. ANDREWS, 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 6400 Congress Ave Suite Apt. #, etc. 22 2000 City & State 23 Boca Raton, FL Zip 24 33487		2a. Mailing Address 26 6400 Congress Ave Suite Apt. #, etc. 27 2000 City & State 28 Boca Raton, FL Zip 29 33487	
3. Date Incorporated or Qualified 05/18/1995		3a. Date of Last Report 04/25/1996	
4. FEI Number 75-2595242		Applied F. Not Appl.	
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Addition Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.03 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
9. Name and Address of Current Registered Agent FISH, DEBORAH L. 8400 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS			
TITLE	PD <input type="checkbox"/> DELETE		
NAME	WHEELER, CHRIS D		
STREET ADDRESS	6400 CONGRESS AVE., #2000		
CITY-ST-ZIP	BOCA RATON FL 33487		
TITLE	V <input type="checkbox"/> DELETE		
NAME	BRYANT, BRAD D		
STREET ADDRESS	6400 CONGRESS AVE., #2000		
CITY-ST-ZIP	BOCA RATON FL 33487		
TITLE	V <input checked="" type="checkbox"/> DELETE		
NAME	MACDONALD, WILLIAM C		
STREET ADDRESS	6400 CONGRESS AVE., #2000		
CITY-ST-ZIP	BOCA RATON FL 33487		
TITLE	VD <input type="checkbox"/> DELETE		
NAME	TERWILLIGER, J R		
STREET ADDRESS	2850 PACES FERRY RD., #1400		
CITY-ST-ZIP	ATLANTA GA 30339		
TITLE	V <input type="checkbox"/> DELETE		
NAME	CROW, HARLAN R		
STREET ADDRESS	2001 ROSS AVE., #3500		
CITY-ST-ZIP	DALLAS TX 75201		
TITLE	VST <input type="checkbox"/> DELETE		
NAME	PACE, RANDY J		
STREET ADDRESS	717 N. HARWOOD, #1200, LB 128		
CITY-ST-ZIP	DALLAS TX 75201		
		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Add 3.2 NAME Fish, Deborah 3.3 STREET ADDRESS 6400 Congress Ave., #2000 3.4 CITY-ST-ZIP Boca Raton, FL 33487 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Add 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
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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. 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: <i>Deborah L. Fish</i> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Deborah L. Fish, Assistant Secretary		4/24/97 561/997-4700 Date Daytime Phone #	