

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
May 10, 1999 8:00 am  
Secretary of State

05-10-1999 90039 039 \*\*\*150.00

DOCUMENT # F98000002522

1. Corporation Name  
TCR 98, INC.

Principal Place of Business  
717 N. HARWOOD, STE. 1200, LB128  
DALLAS TX 75201

Mailing Address  
717 N. HARWOOD, STE. 1200, LB128  
DALLAS TX 75201

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

05/04/1998

4. FEI Number

Applied For

75-2760565

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 541 S. Orlando Ave.

2a. Mailing Address

26 541 S. Orlando Ave.

Suite, Apt. #, etc.

22 Suite 210

Suite, Apt. #, etc.

27 Suite 210

City & State

23 Maitland FL

City & State

28 Maitland FL

Zip

24 32751

Country

25 US

Zip

29 32751

Country

30 US

9. Name and Address of Current Registered Agent

CORPORATION SERVICE COMPANY  
1201 HAYS STREET  
TALLAHASSEE FL 32301-2525

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 DP ☐ DELETE

NAME HOEKSEMA, DOUGLAS A  
STREET ADDRESS 541 SOUTH ORLANDO AVE., STE. 210  
CITY-ST-ZIP MAITLAND FL 32751

TITLE DV ☐ DELETE

NAME CROW, HARLAN R  
STREET ADDRESS 2001 ROSS AVE., STE. 3200  
CITY-ST-ZIP DALLAS TX 75201

TITLE DV ☐ DELETE

NAME TERWILLIGER, J. RONALD  
STREET ADDRESS 2859 PACES FERRY RD., STE. 1400  
CITY-ST-ZIP ATLANTA GA 30339

TITLE V ☐ DELETE

NAME PATTERSON, THOMAS J  
STREET ADDRESS 717 N. HARWOOD, STE. 1200, LB128  
CITY-ST-ZIP DALLAS TX 75201

TITLE VST ☒ DELETE

NAME PAGE, RANDY J  
STREET ADDRESS 717 N. HARWOOD, STE. 1200  
CITY-ST-ZIP DALLAS TX 75201

TITLE AS ☐ DELETE

NAME ZANOWICK, JOAN C  
STREET ADDRESS 541 S. ORLANDO AVE., STE. 210  
CITY-ST-ZIP MAITLAND FL 32751

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 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, with all other like empowered.

SIGNATURE:

*Signature of Signer*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)