FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00 **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1996 (5)K03579 **DOCUMENT #** Corporation Name PLAZA AT CORAL SPRINGS, INC. Principal Place of Business Mailing Address 11811 NORTH FREEWAY 11811 NORTH FREEWAY SUITE 300 SUITE 300 HOUSTON TX 77060-3239 HOUSTON TX 77060-3239 3a. Date of Last Report 3. Date Incorporated or Qualified US 04/18/1995 11/23/1987 Applied For 4. FEI Number 2. Principal Place of Business 2a. Mailing Address 59-2994644 Not Applicable 26 21 \$8,75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 6. Election Campaign Financing \$5.00 May Be City & State City & State \Box Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199.032, Country Country Zio Ζıρ ☐ Yes XNo 30 Florida Statutes 24 29 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name BEYER, DAVID A. 82 Street Address (P.O. Box Number is Not Acceptable) % RUDNICK & WOLFE A3 101 E. KENNEDY BLVD., SUITE 2000 **TAMPA FL 33602** Zip Code 85 84 City 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, typied or perted hame of registered agent and the if applicable (NOTE: Registered Ages I signature required when renotating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 Change Addition DELETE 1.1 TUTUE DP TITLE 1.2 NAME RUSCA, FAUSTO NAME CH6900 LUGANO, VIA C.B. 1.3 STREET ADDRESS STREET ADDRESS PIODA, 14 SWITZERLAND 1.4 CITY-ST-ZIP C-TY-ST-ZiP ☐ Change Add:tion DELETÉ 2 1 TILE TITLE 22 NAME HATFIELD, KEN NAME 11811 NORTH FREEWAY 300 2.3 STREET ADDRESS STREET ADDRESS **HOUSTON TX** 2 4 CITY - ST - ZIP CITY-SI-ZIP Change Addition DELETE 3 1 TO LE TITLE 3.2 NAME TOMBARI, MICHAEL NAME 11811 NORTH FREEWAY 300 **3.3 STREET ADDRESS** STREET ADDRESS 3 4 C+TY - ST - ZIP **HOUSTON TX** CITY-S*-ZiP Change Addition DELETE 4 1 TITLE TITLE 4.2 NAME NAME 4.3 STREET ADDRESS STREET ADORESS 4.4 CITY - ST- 2IP CITY-ST-ZIP 300001788293°° -04/22/96--01024--012 ncitibbA 🔲 DELETE 5 1 TITLE TITLE 5 2 NAMS * NAME 5.3 STREET ADDRESS ***200.00 STREET ADDRESS 54 CITY - ST - ZIP CITY - ST-ZIP ☐ Addition DELETE 6 1 TITLE TITLE 6.2 NAME NAME 6 3 STREET ADORESS STREET ADDRESS 6 4 CITY - ST - ZIP 14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes.) 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 eath; 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:

STONATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4115/46 (713) 820-0717

CR2E034 (12/95)