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

DOCUMENT # K38627 1. Corporation Name

TFB PROPERTIES, INC.

Principal Place of Business Mailing Address

489 W. Palmetto Park Rd.	1489 W. PALMETTO PARK RD.
00	300
DOCA RATON FL 33486	Boca Raton Fl 33486
IS	Us

2.	Principal Place of Busine	ss -	2a.	. Mailing Address
21			26	
	Suite, Apt. #, etc.			Suite, Apt. #, etc
22			27	
	City & State		E	City & State
23			28	
	Zip	Country	L	Zip Country
24	[2	5	29	[30]

9. Name and Address of Current Registered Agent

ZEDECK, LEONARD E. 1820 N.E. 163RD ST N. MIAMI BCH FL 33162

99 FEB -3	[]]	{:	l, /
SECHETARY	O. E, f	SiA	JE IDI

DO NOT WRITE IN THIS SPACE

3.	Date	Incorporat	led or	Quali	100
	10/1	2/1000			

10/13/1968 4, FEI Number

65-0077876

5 Certifcate of Status Desired

Applied For Not Applicable \$8.75 Additional

6. Election Campaign Financing

Fee Required \$5.00 May Be Added to Fees

CR2E034

Trust Fund Contribution This corporation owes the current year Intangible Personal Property Tax

[] Yes

10. Name and Address of New Registered Agent

Name Laurence Meyerson Street Address (P.O. Box Number is Not Acceptable)

1221 Brickell Avenue, Suite 85 Zip Code 33131

City Miami 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

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SIGNATURE (NOTE Reg 12. OFFICERS AND DIRECTORS 13. **EX** DELETE TITLE 1.1 TITLE 1 2 NAME GRISWOLD, CARL F. NAME 1489 W. PALMETTO PARK RD. #300 SYREET ADORESS 13 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIF CITY-ST-ZIP DELETE 21 TITLE TITLE DST ZEDECK, MURRAY NAME 2.2 NAME 1489 W. PALMETTO PARK RD. #300 STREET ADDRESS 23 STREET ADDRESS **BOCA RATON FL** CITY-ST-ZIP 2.4 OTY-\$1-ZiP [] DELETE TITLE 3.1 TITLE 3.2 NAME NAME 33 STREET ADDRESS STREET ADDRES CITY-ST-ZIP 34 CITY-ST-ZIP DELETE 411016 4 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CiTY+S1+ZiP CITY-ST-ZIP [] DELETE SITHLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-\$1-ZIP CITY-ST-ZIP 61 TITLE DELETE TITUE 6.2 NAME NAME 6.3 STREE LADORESS STREET ADDRESS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 President, Director Roy D. Tanis [.]Change 1221 Brickell Ave., Miami, Florida 33131 Secretary, Director Timothy E. Kish 1221 Brickell Ave., Suite 600 Miami, Florida 33131 Vice President [] Change X | Addition Barbara Grattan 1221 Brickell Ave., Suite 600 Miami, Florida 33131 [] Change [52] Addition Treasurer Lucious T. Harris 1221 Brickell Ave., Suite 600 Miami, Florida 33131 Director Javier J. Holtz 1221 Brickell Ave., Suite 600

Miami, Florida 33131 4000027635Bã

64 CITY-S1-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 informat 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:

CITY-ST-7P



ACCOUNT NO. : 072100000032

REFERENCE : 121952

4303929

AUTHORIZATION

ORDER DATE: February 3, 1999

ORDER TIME : 10:39 AM

ORDER NO. : 121952-010

CUSTOMER NO:

4303929

CUSTOMER: Ms. Yolanda Rodriguez

Greenberg Traurig 1221 Brickell Avenue

20th Floor

Miami, FL 33131

ANNUAL REPORT FILING

NAME:

TFB PROPERTIES, INC.

XX___ ANNUAL REPORT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ PLAIN STAMPED COPY

CONTACT PERSON: Robert Maxwell

EXAMINER'S INITIALS: