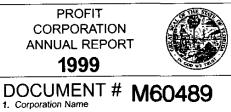
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

TEMPLE COURT GP,INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

FILED Feb 26, 1999 8:00 am Secretary of State

02-26-1999 90006 024 ***150.00



Principal Place of Business Mailing Address							
701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131		701 BRICKELL AVENUE SUITE 3000 MIAMI FL 33131			DO NOT WRITE IN THIS	SPACE	
US		US			3. Date incorporated or Qualifed 10/08/1987		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	├	plied For
21		26			65-0040713		t Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.	¬ '''		5. Certificate of Status Desired	Status Desired See Required	
City & State		City & State	¬ ·		6. Election Campaign Financing Trust Fund Contribution S 5.00 May Be Added to Fees		
Zip	Country 25	Zip 29 3	Count	у	This corporation owes the current year In Personal Property Tax.	tangible	□No
24	9. Name and Address of Curren		<u> </u>		10. Name and Address of New Registered	Agent	
			8	1 Name	-	•	
	obson, Bernard Brickell-Avenue		8	2 Street Addr	ress (P.O. Box Number is Not Acceptable)		
	E 3000 #1 FL 33131		8	3			
			8	1	FL 85 Zip Code		
agent. I a	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	ia Statute	ent signature require			
12.	OFFICERS AN	D DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PDS	☐ DELETE	1.1 TITLE			Change	Addition
NAME	JACOBSON, BERNARD		1.2 NAME				
STREET ADDRESS	701 BRICKELL AVENUE, SUITE	3000	1.3 STRE	ET ADDRESS	,		
CITY-ST-ZIP	MIAMI FL, 33/3/	BRIETE	1.4 CITY			☐ Change	Addition
TITLE		☐ DELETE	2.1 TITLE	j			
NAME			2.2 NAME	1			
STREET ADDRESS			1	ET ADDRESS			ļ
CITY-ST-ZIP			2.4 CITY 3.1 TITLE			Change_	Addition
TITLE			3.2 NAMI			ــ,,ـــــ	
NAME			•	ET ADDRESS			
STREET ADDRESS							i
CITY-ST-ZIP		☐ DELETE	3.4. CITY 4.1 TITLE			Change	Addition
TITLE			4. 2 NAM			_, -	
NAME				ET ADDRESS			
STREET ADDRESS			4.3 STRE	ļ			
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			Change	☐ Addition
NAME			5.2 NAM		,		
STREET ADDRESS				ET ADDRESS	•	•	
İ			5.4 CITY			ì	
CITY-ST-ZIP		[] DELETE	6.1 TITLE			☐ Change	☐ Addition

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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP