

**FILE NOW: FILING FEE IS \$61.25**

NONPROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **N15530**

*1-26-96 B-0368-C*  
**(1)**

**TAMIAMI COMMERCENTER CONDOMINIUM I ASSOCIATION, INC.**



|   |   |
|---|---|
| Principal Place of Business   | Mailing Address   |
| 9245 S.W. 157TH ST., SUITE 101<br>C/O JAMES R. STOKER<br>MIAMI FL 33157 | 9245 S.W. 157TH ST., SUITE 101<br>C/O JAMES R. STOKER<br>MIAMI FL 33157 |

|    |    |    |
|----|----|----|
| 21 | 2a | 26 |
| 22 | 27 | 28 |
| 23 | 29 | 30 |

|   |  |
|---|--|
| 3. Date Incorporated or Qualified<br><b>06/19/1986</b>  | 3a. Date of Last Report<br><b>01/30/1995</b> |
| 4. FEI Number<br><b>NOT APPLICABLE</b>  | Applied For<br>Not Applicable                |
| 5. Certificate of Status Desired <input type="checkbox"/>   | <b>\$8.75 Additional Fee Required</b>        |
| 6. Election Campaign Financing<br>Trust Fund Contribution <input type="checkbox"/>  | <b>\$5.00 May Be Added to Fees</b>           |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |

9. Name and Address of Current Registered Agent

**STOKER, JAMES R.  
9245 S.W. 157TH ST.  
S-101  
MIAMI FL 33157**

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0103, Florida Statutes.

| SIGNATURE              |                          | NOTE: Registered Agent signature required with change of agent |   |
|------------------------|--------------------------|--|---|
| OFFICERS AND DIRECTORS |                          | ADDITIONS CHANGES TO OFFICERS AND DIRECTORS                    |   |
| 12. TITLE              | PD                       | 13. 1.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   | STOKER, JAMES R.         | 1.2 NAME   |   |
| STREET ADDRESS         | 9245 SW 157TH ST., S-101 | 1.3 STREET ADDRESS   |   |
| CITY-ST-ZIP            | MIAMI FL                 | 1.4 CITY-ST-ZIP  |   |
| TITLE                  | VD                       | 2.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   | STOKER, CHARLOTTE J.     | 2.2 NAME   |   |
| STREET ADDRESS         | 9245 SW 157TH ST., S-101 | 2.3 STREET ADDRESS   |   |
| CITY-ST-ZIP            | MIAMI FL                 | 2.4 CITY-ST-ZIP  |   |
| TITLE                  | STD                      | 3.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   | STOKER, CHARLES A.       | 3.2 NAME   |   |
| STREET ADDRESS         | 9245 SW 157TH ST., S-101 | 3.3 STREET ADDRESS   |   |
| CITY-ST-ZIP            | MIAMI FL                 | 3.4 CITY-ST-ZIP  |   |
| TITLE                  |                          | 4.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                          | 4.2 NAME   |   |
| STREET ADDRESS         |                          | 4.3 STREET ADDRESS   |   |
| CITY-ST-ZIP            |                          | 4.4 CITY-ST-ZIP  |   |
| TITLE                  |                          | 5.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                          | 5.2 NAME   |   |
| STREET ADDRESS         |                          | 5.3 STREET ADDRESS   |   |
| CITY-ST-ZIP            |                          | 5.4 CITY-ST-ZIP  |   |
| TITLE                  |                          | 6.1 TITLE  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                   |                          | 6.2 NAME   |   |
| STREET ADDRESS         |                          | 6.3 STREET ADDRESS   |   |
| CITY-ST-ZIP            |                          | 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. 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 its receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *James R. Stoker* James R. Stoker 1/22/1996 305-232-1363

CR2E037 (12/95)