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

PROFIT FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham FILED **ANNUAL REPORT** Secretary of State 1998 DIVISION OF CORPORATIONS 98 APR 22 PM 4: 04 DOCUMENT # P14229 (9)SECRETARY OF STATE TALLAHASSEE, FLORIDA TC RESIDENTIAL SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 6400 CONGRESS AVE 0400-CONGRESS AVE. OUITE 2000 SUITE 2000. DO NOT WRITE IN THIS SPACE BOCA-RATON-FL-33487 BOOK RATON FL-89487 3. Date Incorporated or Qualified 04/29/1987 2. Principal Place of Business 2a, Mailing Address 4, FEI Number Applied For 717 N. Harwood Not Applicable 717 N. 1700000 75-2162005 Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired 1200 Fee Required 1200 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П Dallas Dallos Tχ Added to Fees 23 28 Trust Fund Contribution 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No Country Zip Country Zip 75201 NOU 75201 25 29 USA 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 FISH: DEBORAH L: Dervic orporation 6400 CONGRESS AVENUE, SUITE 2000 82 O. Box Number is Not Acceptable) Haus Street BOOA-RATON FL-03487 83 City Ta Ilahassee 84 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statules, 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 arrivantiar with, and accept the obligations of, Section 607.0505, Florida Statutes. (NOTE Rog stored Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TIME FISH, DEBORAH 1.2 NAME NAME CR2E034 6400 CONGRESS STREET ADDRESS 1.3 STREET ADDRESS **BOCA RATON FL** 1.4 CITY-ST-ZIP CITY-ST-ZIP **X** DELETE **Addition** Assistant Secretary Change 2.1 TITLE Steinhardt, Shari NAME **BRYANT, BRAD** 2.2 NAME 6400 Congress Ave., ste. 1000 STREET ADDRESS 6400 CONGRESS 2.3 STREET ADDRESS Boca Reten, FL 33487 **BOCA RATON FL** CITY-ST-ZIP 2.4 CITY-ST-ZIP Addition DELETE Change TITLE 3.1 TITLE WHEELER, CHRIS 3.2 NAME NAME **6400 CONGRESS AVE** 600002498616--8 STREET ADDRESS 3.3 STREET ADDRESS --04/24/38---01007---008 **BOCA RATON FL** CITY-ST-ZIP 3.4. CHY-ST-ZIP DELETE 4.1 TITLE TITLE VST NAME PACE, RANDY 4 2 NAME **717 N HARWOOD** STREET ADDRESS 4.3 STREET ADDRESS DALLAS TX CITY-ST-ZIP 4.4 CITY-ST-ZIP Change DELETE Addition TITLE VD 5.1 TITLE NAME CROW, HARLAN 52 NAME 2001 ROSS AVE., #3500 STREET ADDRESS 5.3 STREET ADDRESS DALLAS TX 75201 CITY-ST-ZIP 54 CITY-ST-ZIP DELETE Change TITLE 6 1 TITLE Terwilliger, Romald NAME **TERWILLIGER, RONALD** 6.2 NAME 2854 Pacis Ferry 2859 PACES FERRY STREET ADDRESS 6.3 STREET ADDRESS **ATLANTA GA**

64 CITY-ST-ZIP

14. Thereby 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.

CITY-ST-7iP