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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT
1995

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

DOCUMENT # P15286 (8)

1. Corporation Name

TC RESIDENTIAL NORTH FLORIDA, INC.

Principal Place of Business	Mailing Address
~~1850 PALMETTO AVE~~	~~1850 PALMETTO AVE~~
~~STE 100~~	~~STE 100~~
~~WINTER PARK FL 32789~~	~~WINTER PARK FL 32789~~
US	US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business	2a. Mailing Address
21 541 South Orlando Ave	26 541 South Orlando Ave
Suite, Apt. # etc. 22 Suite 210	Suite, Apt. # etc. 27 Suite 210
City & State 23 Maitland, FL	City & State 28 Maitland, FL
Zip 24 32751 Country 25 US	Zip 29 32751 Country 30 US

3. Date Incorporated or Qualified: 07/21/1987
3a. Date of Last Report: 05/01/1994
4. FEI Number: 75-2162018 — Applied For / Not Applicable
5. Certificate of Status Desired [ ] — $8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution [ ] — $5.00 May Be Added to Fees
8. The corporation has liability for intangible tax under s. 199.032 Florida Statutes [ ] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
HEOKSEMA, DOUGLAS A	81 Name
~~1850 PALMETTO AVE~~	82 Street Address (P.O. Box Number is Not Acceptable): 541 South Orlando Ave
~~STE 100~~	83 Suite 210
~~WINTER PARK FL 32789~~	84 City: Maitland, FL — FL — 85 Zip Code: 32751

11. Pursuant to the provisions of Sections 607.0502 and 617.0502 of 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 the statutes.

SIGNATURE: Doug Hoeksema — 4/26/95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS	
TITLE	PD	TITLE	[ ] Change [ ] Addition
NAME	HOEKSEMA, DOUGLAS	NAME	
STREET ADDRESS	~~1850 PALMETTO AVE, S100~~	STREET ADDRESS	541 South Orlando Ave #210
CITY-ST-ZIP	~~WINTER PARK FL~~	CITY-ST-ZIP	Maitland, FL 32751
TITLE	VD	TITLE	[X] Change [ ] Addition
NAME	~~CROW, TRAMMELL S.~~	NAME	Crow, Harlan R
STREET ADDRESS	2001 ROSS AVENUE	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE	VST	TITLE	[ ] Change [ ] Addition
NAME	PACE, RANDY J	NAME	
STREET ADDRESS	717 N HARWOOD	STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	
TITLE		TITLE	[ ] Change [ ] Addition
NAME		NAME	
STREET ADDRESS		STREET ADDRESS	
CITY-ST-ZIP		CITY-ST-ZIP	

14. I do 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.

SIGNATURE: Doug Hoeksema — 4/26/95 — 407 645-3130

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0046489 CP