
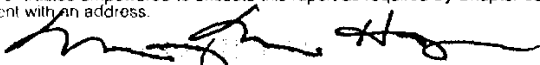


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Feb 17 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P20475 (0)</b> 1. Corporation Name <b>TCC TAMPA RETAIL, INC.</b>			
Principal Place of Business <b>2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201</b>		Mailing Address <b>2001 ROSS AVENUE SUITE 3500 DALLAS TX 75201</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. <b>SUITE 3200</b> 23 City & State <b>DALLAS TX</b> 24 Zip <b>75201</b> 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. <b>SUITE 3200</b> 27 City & State <b>DALLAS TX</b> 28 Zip <b>75201</b> 29 Country	
9. Name and Address of Current Registered Agent <b>THE PRENTICE HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301</b>		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code	
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. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>T BROWN, RONALDS 2001 ROSS AVENUE, SUITE 3500 DALLAS TX 75201</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	<b>V MARY M. NAGER 2001 ROSS AVENUE, SUITE 3200 DALLAS, TX 75201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>DV CROW, HARLAN R. 2001 ROSS AVE., #3500 DALLAS TX 75201</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	<b>PD 2001 ROSS AVENUE, SUITE 3200</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>PD WILLIAMS, J. McDONALD 2001 ROSS AVE. #3500 DALLAS TX 75201</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	<b>S ROBERT A. McCHAIN 2001 ROSS AVENUE SUITE 3200 DALLAS, TX 75201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>AS BROWN, CYNTHIA J. 2001 ROSS AVENUE, SUITE 3500 DALLAS TX 75201</b> <input checked="" type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	<b>T LENDIA S. CADE 2001 ROSS AVENUE SUITE 3200 DALLAS, TX 75201</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>V GEORGE, VINCENT L. 2001 ROSS AVE., #3500 DALLAS TX</b> <input checked="" type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<b>S GULLEDGE, DONNA 2001 ROSS AVENUE, SUITE 3500 DALLAS TX</b> <input checked="" type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> 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.			
SIGNATURE: <b>X</b>  SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR <b>MARY M. NAGER</b>		Date _____ Daytime Phone # <b>(214) 863-4000</b>	

CR2E034 (10/97)