FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 FEB 22 AM 8:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P23860 (0)

1. Corporation Name
TCR SOUTH FLORIDA APARTMENTS, INC.

Principal Place of Business
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

Mailing Address
6400 CONGRESS AVE.
SUITE 2000
BOCA RATON FL 33487

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business (21)	2a. Mailing Address (26)
Suite, Apt. #, etc. (22)	Suite, Apt. #, etc. (27)
City & State (23)	City & State (28)
Zip (24) Country (25)	Zip (29) Country (30)

3. Date Incorporated or Qualified: 04/13/1989
3a. Date of Last Report: 03/10/1994
4. FEI Number: 75-2268105 ☐ 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. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent
BRYANT, BRAD D.
6400 CONGRESS AVENUE, SUITE 2000
BOCA RATON FL 33487

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 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 ______ Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	TVS	1.1 TITLE	☐ Change ☐ Addition
NAME	PACE, RANDY J.	1.2 NAME	
STREET ADDRESS	717 N. HARWOOD	1.3 STREET ADDRESS	
CITY-ST-ZIP	DALLAS TX	1.4 CITY-ST-ZIP	
TITLE	AS	2.1 TITLE	☐ Change ☐ Addition
NAME	FISH, DEBORAH	2.2 NAME	700001412907
STREET ADDRESS	6400 CONGRESS AVE.	2.3 STREET ADDRESS	-02/23/95--01007--005
CITY-ST-ZIP	BOCA RATON FL	2.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	SV	3.1 TITLE	☐ Change ☐ Addition
NAME	BRYANT, BRAD	3.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE.	3.3 STREET ADDRESS	
CITY-ST-ZIP	BOCA RATON FL	3.4 CITY-ST-ZIP	
TITLE	VD	4.1 TITLE	☐ Change ☐ Addition
NAME	TERWILLIGER, J. RONALD	4.2 NAME	
STREET ADDRESS	2859 PACES FERRY RD. STE. 1400	4.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA	4.4 CITY-ST-ZIP	
TITLE	~~VD~~	5.1 TITLE	VD ☒ Change ☐ Addition
NAME	~~CROW, TRAMMELL S.~~	5.2 NAME	Crow, Harlan
STREET ADDRESS	~~2001 ROSS AVENUE, #3500~~	5.3 STREET ADDRESS	2001 Ross Avenue, #3500
CITY-ST-ZIP	~~DALLAS TX~~	5.4 CITY-ST-ZIP	Dallas, TX 75201
TITLE	PD	6.1 TITLE	☐ Change ☐ Addition
NAME	WHEELER, CHRIS	6.2 NAME	
STREET ADDRESS	6400 CONGRESS AVE	6.3 STREET ADDRESS	2/22/95 NS
CITY-ST-ZIP	BOCA RATON FL	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 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: Deborah L. Fish — 2/10/95 — 407/997-9700
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #
Deborah L. Fish, Assistant Secretary

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