FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P29719 (2)

1. Corporation Name

TCR SOUTH FLORIDA APARTMENTS - WATERWAYS, INC.

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

3. Date Incorporated or Qualified: 06/12/1990
3a. Date of Last Report: 02/22/1995

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

4. FEI Number: 65-0195299 — ☐ 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: Deborah L. Fish
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: Deborah L. Fish — DATE: 3/18/96

Signature, typed or printed name of registered agent and title if applicable — NOTE: Registered Agent signature required when reinstating

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DP	☐ DELETE	1.1 TITLE ☐ Change ☐ Addition
NAME	WHEELER, CHRIS D.		1.2 NAME
STREET ADDRESS	6400 CONGRESS AVE.,#2000		1.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL		1.4 CITY-ST-ZIP
TITLE	AS	☐ DELETE	2.1 TITLE ☐ Change ☐ Addition
NAME	FISH DEBORAH		2.2 NAME
STREET ADDRESS	6400 CONGRESS AVE., # 2000		2.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL 33487		2.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	3.1 TITLE ☐ Change ☐ Addition
NAME	TERWILLIGER, J. RONALD		3.2 NAME
STREET ADDRESS	2859 PACES FERRY RD,2100		3.3 STREET ADDRESS
CITY-ST-ZIP	ATLANTA GA		3.4 CITY-ST-ZIP
TITLE	VD	☐ DELETE	4.1 TITLE ☐ Change ☐ Addition
NAME	CROW, HARLAN		4.2 NAME
STREET ADDRESS	2001 ROSS AVE., #3500		4.3 STREET ADDRESS
CITY-ST-ZIP	DALLAS TX		4.4 CITY-ST-ZIP 300001797323
TITLE	VST	☐ DELETE	5.1 TITLE -04/29/96--01016--020 ☐ Change ☐ Addition
NAME	PACE, RANDY J.		5.2 NAME ***200.00
STREET ADDRESS	717 N. HARWOOD		5.3 STREET ADDRESS
CITY-ST-ZIP	DALLAS TX		5.4 CITY-ST-ZIP
TITLE	V	☐ DELETE	6.1 TITLE ☐ Change ☐ Addition
NAME	BRYANT, BRAD		6.2 NAME
STREET ADDRESS	6400 CONGRESS AVE.,#2000		6.3 STREET ADDRESS
CITY-ST-ZIP	BOCA RATON FL		6.4 CITY-ST-ZIP

CR2E034 (12/95)

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 — Date: 3/18/96 — Daytime Phone #: 407/997-9700

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
Deborah L. Fish, Assistant Secretary