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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED May 10, 1999 8:00 am Secretary of State

05-10-1999 90039 040 ***150.00

	OCUMENT #	P39171
1	Corporation Name	1 00 17 1

TCR BUENA VISTA, INC.

Principal Place	e of Business	Mailing Address				- I 19011001 100 HILLS 16:51 HILL	8081 IIBI 818II	Bigil Gibit Gibit B	(Line) aram tam
541 S ORLANDO	O AVE	541 S ORLANDO AVE							
STE 210		STE 210		DO NOT WRITE IN THIS SPACE					
Maitland FL 3 US	32751	MAITLAND FL 32751 US		3. Date Incorporated or Qualifed					
US		00				06/05/1992			
2 Principal Pl	lace of Business	2a. Mailing Address			-	4. FEI Number		Ap	plied For
21 PHICIPALE	lace of Business	26			75-2430689			t Applicable	
Suite, Apt.	#. etc.	Suite, Apt. #, etc.					\$8.75 A	Additional	
22		27			5. Certifcate of Status Desired		Fee Re	quired	
City & State	e	City & State		6. Election Campaign Financing		\$5.00	May Be		
23		28		Trust Fund Contribution Added to Fees			o Fees		
Zip	Country	Zip	Coun	ıtry		8. This corporation owes the cur	rent year Ir		_
24 .	25		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Current	Registered Agent				10. Name and Address of New	Registered	Agent	
1105	WOELLA DOUGLAG A		1	81 1	Name				
	KSEMA, DOUGLAS A		1	82 5	Street Ade	dress (P.O. Box Number is Not Accep	table)		
	S ORLANDO AVE								
STE			1	83					
MAII	ILAND FL 32751		1	84 (City			85 Zip (Code
					•		FI		
11. Pursuant	to the provisions of Sections 607.0502 egistered agent, or both, in the State of	and 607.1508, Florida Statutes	s, the abo	ove-n	amed cor	rporation submits this statement for the	e purpose o	if changing its sintment as re	registered aistered
agent. La	m familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statut	tes.	о оогрола	dot 3 pour di directore	. France Select		J
SIGNATURE									
	Signature, typed or printed name of registered agent			Agent si	gnature requi	ired when reinstating)	DATE	ND DIRECTO	
12.	OFFICERS AND	DIRECTORS	13.		gnature requi	ired when reinstating) ADDITIONS/CHANGES TO O			
12.	OFFICERS AND		13. 1,1 TITL	.E	gnature requi			ND DIRECTO	ORS IN 12
12. TITLE NAME	OFFICERS AND PD HOEKSEMA, DOUGLAS A.	DIRECTORS	13. 1.1 TITL 1.2 NAM	.£ ME					
12. TITLE NAME STREET ADDRESS	PD HOEKSEMA, DOUGLAS A. 541 S ORLANDO AVE #210	DIRECTORS	13. 1.1 T/L 1.2 NAM 1.3 STR	.E ME REET AC	DORESS				
12. TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOEKSEMA, DOUGLAS A. 541 S ORLANDO AVE #210 MAITLAND FL	D DIRECTORS	13. 1.1 TITL 1.2 NAM 1.3 STR 1.4 CITY	LÉ ME REET AC Y-ST-Z	DORESS			Change	☐ Addition
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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, with all other like empowered.

CITY-ST-ZIP

CR2E034 (11/98)