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FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P92000010919 (8)

1. Corporation Name
TCA PROPERTIES, INC.



Principal Place of Business Mailing Address
14320 N. BRUCE B. DOWNS BLVD. TAMPA FL 33613 **14320 N. BRUCE B. DOWNS BLVD. TAMPA FL 33613-2601**

3. Date Incorporated or Qualified **12/10/1992** 3a. Date of Last Report **01/26/1996**

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

4. FEI Number **59-3154002** 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
HUMBERTO, CATO M.D.
14320 N. BRUCE B. DOWNS BLVD.
TAMPA FL 33613

10. Name and Address of New Registered Agent
 81 Name **Thomas W Woodrow**
 82 Street Address (P.O. Box Number is Not Acceptable) **14320 N Bruce B Downs Blvd**
 83
 84 City **TAMPA** FL 85 Zip Code **33613**

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 agents 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 *Peter Bern...* *Thomas W Woodrow* DATE

12. OFFICERS AND DIRECTORS

TITLE	President	<input type="checkbox"/> DELETE
NAME	POPE, JAMES E	
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	Vice President	<input type="checkbox"/> DELETE
NAME	WOODROW, THOMAS W	
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	S	<input checked="" type="checkbox"/> DELETE
NAME	CATO, HUMBERTO	
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE	T	<input checked="" type="checkbox"/> DELETE
NAME	OTERO, JORGE E	
STREET ADDRESS	14320 N. BRUCE B. DOWNS BLVD.	
CITY-ST-ZIP	TAMPA FL 33613	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Medina, Roberto P
3.3 STREET ADDRESS	14320 N Bruce B Downs Blvd
3.4 CITY-ST-ZIP	TAMPA, FL 33613
4.1 TITLE	Secretary <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	Bernhard Peter
4.3 STREET ADDRESS	14320 N Bruce B Downs Blvd
4.4 CITY-ST-ZIP	Tampa, FL 33613
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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: *Peter Bern...* *Thomas W Woodrow* 2/19/97
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)