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Feb 05 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 # P92000012687 (9)

1. Corporation Name

TEQUESTA CORPORATE CENTER PARTNERS, INC.

Principal Place of Business

250 TEQUESTA DR
SUITE 200
TEQUESTA FL 33469

Mailing Address

250 TEQUESTA DR
SUITE 200
TEQUESTA FL 33469-2765



3. Date Incorporated or Qualified

12/14/1992

3a. Date of Last Report

03/18/1996

2. Principal Place of Business

2a. Mailing Address

21 250 Tequesta Drive

Suite, Apt. #, etc.

22 206

City & State

23 Tequesta

Zip

24 33469

Country

25 Palmbach

26 250 Tequesta Drive

Suite, Apt. #, etc.

27 206

City & State

28 Tequesta

Zip

29 33469

Country

30 Palmbach

4. FEI Number

65-0377109

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

JEFFER, HERMAN
250 TEQUESTA DR
SUITE 200
TEQUESTA FL 33469

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

TITLE D
NAME JEFFER, HERMAN
STREET ADDRESS 250 TEQUESTA DR SUITE 200
CITY-ST-ZIP TEQUESTA FL 33469

TITLE D
NAME JERRY, JACQUELYN
STREET ADDRESS 1 GREYLEDGE DR
CITY-ST-ZIP LOUDONVILLE NY 12211

TITLE D
NAME HOPKINSON, REGINALD
STREET ADDRESS 250 TEQUESTA DR #200
CITY-ST-ZIP TEQUESTA FL 33469

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

HERMAN JEFFER

Date

1/28/97

Daytime Phone #

561-747-6000

CR2E034 (9/96)