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PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P93000000878 (7)**

1. Corporation Name

TBC NO. 11-0, INC.

Principal Place of Business	Mailing Address
2699 S. BVAYSHORE DRIVE SUITE 3000 COCONUT GROVE FL 33133	2699 S. BVAYSHORE DRIVE SUITE 3000D COCONUT GROVE FL 33133

3. Date Incorporated or Qualified: **01/06/1993**
3a. Date of Last Report: **04/19/1995**
4. FEI Number: **65-0567668** ☐ 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. The corporation has liability for intangible tax under s. 199.032, Florida Statutes. ☐ Yes ☐ No

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

9. Name and Address of Current Registered Agent

LEHRMAN, JEFFREY E
2699 S. BAYSHORE DRIVE
SUITE 300D
COCONUT GROVE FL 33133

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 607.0505 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

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D ☐ DELETE	11 TITLE ☐ Change ☐ Addition
NAME	LEHRMAN, JEFFREY E ESQ	12 NAME
STREET ADDRESS	2699 S. BAYSHORE DRIVE, SUITE 300D	13 STREET ADDRESS
CITY-ST-ZIP	COCONUT GROVE FL 33133	14 CITY-ST-ZIP
15 TITLE	☐ DELETE	21 TITLE ☐ Change ☐ Addition
16 NAME		22 NAME
17 STREET ADDRESS		23 STREET ADDRESS
18 CITY-ST-ZIP		24 CITY-ST-ZIP
19 TITLE	☐ DELETE	31 TITLE ☐ Change ☐ Addition
20 NAME		32 NAME
21 STREET ADDRESS		33 STREET ADDRESS
22 CITY-ST-ZIP		34 CITY-ST-ZIP
23 TITLE	☐ DELETE	41 TITLE ☐ Change ☐ Addition
24 NAME		42 NAME
25 STREET ADDRESS		43 STREET ADDRESS
26 CITY-ST-ZIP		44 CITY-ST-ZIP
27 TITLE	☐ DELETE	51 TITLE ☐ Change ☐ Addition
28 NAME		52 NAME
29 STREET ADDRESS		53 STREET ADDRESS
30 CITY-ST-ZIP		54 CITY-ST-ZIP
31 TITLE	☐ DELETE	61 TITLE ☐ Change ☐ Addition
32 NAME		62 NAME
33 STREET ADDRESS		63 STREET ADDRESS
34 CITY-ST-ZIP		64 CITY-ST-ZIP

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14. I do hereby certify that the information supplied with this filing is true and correct. Further, I 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 added.

SIGNATURE: J E Lehrman, Pres 3/20/96 (305) 856-4845

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)