FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

FILED

Feb 10, 1999 8:00am

Secretary of State 02-10-1999 90034 045 ***158.75

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000032168

CITY-ST-ZIP

 Corporatio 	n Name				
TACOLCY RIVER OAKS, INC.					
Principal Plac	e of Business	Mailing Address		Transition rejection sent sent	i secon illin itasi itala aliat isit isal
645 N.W. 62 STREET 645 N.W. 62 STREET					
SUITE 300 SUITE 300 SUITE 300 MIAMI FL 33150				DO NOT WRITE IN	THIS SPACE
				3. Date Incorporated or Qualifed	
				05/03/1993	
2. Principal P	Principal Place of Business 2a. Mailing Address			4. FEI Number	Applied For
21		26		65-0628945	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	 \$8.75 Additional Fee Required
City & Stat	е	City & State		6 Floring Compaign Financing	•
23		28		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current ye	
24	25	29	30	Personal Property Tax.	☐ Yes 🏋 No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Regist	ered Agent
wo.	LFE, LEON J.		81 Name		e e
100 SOUTHEAST SECOND STREET			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
SUITE 3500, NATIONSBANK TOWER			83		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
MIAMI FL 33131-2130				· · · · · · · · · · · · · · · · · · ·	
			84 City		FL 85 Zip Code
11. Pursuant	to the provisions of Sections 607.050	02 and 607.1508, Florida Statute	s, the above-named corpo	oration submits this statement for the purpo-	se of changing its registered
	egistered agent, or both, in the State m familiar with, and accept the obliga			on's board of directors. I hereby accept the a	appointment as registered
SIGNATURE					
Signature, typed or printed name of registered agent and title if applicable. (NOTE 12. OFFICERS AND DIRECTORS		Registered Agent signature required 13.	1 when reinstating) DAT ADDITIONS/CHANGES TO OFFICER		
TITLE	D OTTICENS AI	DELETE	1.1 TITLE		Change Addition
NAME	SIMMONS, LORENZO		1.2 NAME	in the	
STREET ADDRESS	645 N.W. 62 ST., STE. 300				
CITY-ST-ZIP	MIAMI FL 33150		1.3 STREET ADDRESS		•
TITLE			1.3 STREET ADDRESS		
		☐ DELETE			☐ Change ☐ Addition
NAME		☐ OELETE	1.4 CITY-ST-ZIP		
NAME STREET ADDRESS		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		☐ Change ☐ Addition
			1.4 CITY-ST-ZIP 2.1 TITLE 2.2 NAME		•
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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 pranged, or on an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

Zorenzo Simmons, President 1/20/99 305/757-3737 **SIGNATURE**