FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 PM 8:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P94000041588 (2)**

1. Corporation Name

TOWN CENTER REALTY, INC.

Principal Place of Business	Mailing Address
C/O MICHAEL L. TROP, ESQ. 200 E. LAS OLAS BLVD., SUITE 1900 FT. LAUDERDALE FL 33301	C/O MICHAEL L. TROP, ESQ. 200 E. LAS OLAS BLVD., SUITE 1900 FT. LAUDERDALE FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/03/1994

3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 5975 West Sunrise Blvd	26 5975 West Sunrise Blvd.
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Sunrise, Florida	City & State 28 Sunrise, Florida
Zip / Country 24 33313-6888 25 U.S.A.	Zip / Country 29 33313-6888 30 U.S.A.

4. FEI Number: 65-0499109 ☐ 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	10. Name and Address of New Registered Agent
TROP, MICHAEL L 200 E. LAS OLAS BLVD., SUITE 1900 FT. LAUDERDALE FL 33301	81 Name: Jose Santos 82 Street Address (P.O. Box Number is Not Acceptable): 5975 West Sunrise Boulevard 83 84 City: Sunrise, FL 85 Zip Code: 33313-6888

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: X _____ X 4/25/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when applicable) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D,P	11 TITLE	☐ Change ☐ Addition
NAME	Jose Santos	12 NAME	
STREET ADDRESS	5975 West Sunrise Boulevard	13 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, Florida 33313-6888	14 CITY-ST-ZIP	
TITLE	D, V	21 TITLE	☐ Change ☐ Addition
NAME	Steven Schneider	22 NAME	
STREET ADDRESS	5975 West Sunrise Boulevard	23 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, Florida 33313-6888	24 CITY-ST-ZIP	
TITLE	D,S,T	31 TITLE	☐ Change ☐ Addition
NAME	Marvin Newman	32 NAME	
STREET ADDRESS	5975 West Sunrise Boulevard	33 STREET ADDRESS	
CITY-ST-ZIP	Sunrise, Florida 33313-6888	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: X _____ X 4/25/95 (305) 581-1060
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

JOSE SANTOS

000333 CP