

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **P94000041588 (2)**

1. Corporation Name

TOWN CENTER REALTY, INC.



Principal Place of Business

5975 WEST SUNRISE BLVD
200 E. LAS OLAS BLVD., SUITE 1800
SUNRISE FL 33313-6888
US

Mailing Address

5975 WEST SUNRISE BLVD
200 E. LAS OLAS BLVD., SUITE 1800
SUNRISE FL 33313-6888
US

3. Date Incorporated or Qualified
06/03/1994

3a. Date of Last Report
05/01/1995

2. Principal Place of Business
21 **1601 Town Center Blvd**

2a. Mailing Address
26 **1601 Town Center Blvd.**

4. FEI Number
65-0499109

Applied For
Not Applicable

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

City & State
23 **Ft Lauderdale FL**

City & State
28 **Ft. Lauderdale, FL**

6. Election Campaign Financing
Trust Fund Contribution ☐ **\$5.00 May Be Added to Fees**

Zip
24 **33326**

Country
29 **US**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SANTOS, JOSE
5975 WEST SUNRISE BOULEVARD
SUNRISE FL 33313

10. Name and Address of New Registered Agent

81 Name **Same**
82 Street Address (P.O. Box Number is Not Acceptable)
1601 Town Center Blvd
83
84 City **Ft Lauderdale** FL 85 Zip Code **33326**

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 ☐ DELETE
NAME **DP SANTOS, JOSE**
STREET ADDRESS **5975 WEST SUNRISE BOULEVARD**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME **DV SCHNEIDER, STEVEN**
STREET ADDRESS **5975 WEST SUNRISE BOULEVARD**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME **DST NEWMAN, MARVIN**
STREET ADDRESS **5975 WEST SUNRISE BOULEVARD**
CITY-ST-ZIP **SUNRISE FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS **1601 Town Center Blvd**
1.4 CITY-ST-ZIP **Ft Lauderdale, FL. 33326**

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS **1601 Town Center Blvd**
2.4 CITY-ST-ZIP **Ft. Lauderdale, FL. 33326**

3.1 TITLE ☒ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS **1601 Town Center Blvd**
3.4 CITY-ST-ZIP **Ft. Lauderdale, FL. 33326**

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

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

6.1 TITLE ☐ Change ☐ 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **4**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FEB 28 1996

Date

Daytime Phone #

CR2E034 (12/95)