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

PROFIT CORPORATION ANNUAL REPORT

1997

**SIGNATURE:** 



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000048684 (2)

TRANSEASTERN PROPERTIES AT THE COVE, INC.

| 3300 UNIVERSIT<br>1ST FLOOR<br>CORAL SPRING: | ·   | Mailing Address 3300 UNIVERSITY DRIVE 1ST FLOOR CORAL SPRINGS FL 33085-6300 |   |   |   |                               |                        |
|--|---|---|---|---|---|-------------------------------|------------------------|
| U\$  |   | US  |   | 3. Date Incorporated or Qualified 3a. Date of Last Report 06/29/1994 04/15/1996 |   |                               |                        |
| 2. Principal Pla                             | ace of Business   | 2a. Mailing Address   |   |   | 4. FEI Number                                     |                               | pplied For             |
| 1  |   | 26  |   | <del> </del>  | 65-0507811  | <del></del>                   | ot Applicable          |
| Suite. Apt. #. etc.                          |   | Suite, Apt. #, etc.   |   |   | 5. Certificate of Status Desired                  | A                             | Additional<br>lequired |
| City & State                                 |   | City & State  | *************************************** |   | 6. Election Campaign Financing \$5.00 May Be      |                               |                        |
| 3  |   | 28  |   |   | Trust Fund Contribution                           |                               | to Fees                |
| Zip  | Country   | Zip   | Count                                   | ·y  | 8. This corporation has liability for it          |                               | s. <b>199</b> .032,    |
| 24   | 25  | 29  | 30                                      |   |   | Yes No                        |                        |
| VINO   | 9. Name and Address of Currer   | n registered Agent  | 8                                       | Name  | 10. Name and Address of New Reg                   | Jistered Agent                |                        |
|  | EY, JOHN T<br>CORPORATE BLVD.   |   |   |   |   |                               |                        |
| #112   |   |   | 6:                                      | 2 Street Add  | ress (P.O. Box Number is Not Acceptab             | le)                           |                        |
|  | A RATON FL 33431  |   | 8                                       | 3   |   |                               |                        |
| 500,   | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,                                   |   | 84                                      | 4 City  |   | ar 7.0                        | Codo                   |
|  |   |   | 0                                       | 1 City  |   | FL 85 Zip                     | Code                   |
| 12.<br>Title                                 | Signar are typa of or prened mark of registeric ago<br>OFFICERS AN<br>PDT | ID DIRECTORS  DELETE  | 13.                                     |   | ired when reinstaling) ADDITIONS/CHANGES TO OFFIC | DATE  ERS AND DIRECTO  Change | RS IN 12               |
| NAME   | FALCONE, ARTHUR J   |   | 1,2 NAMI                                |   |   |                               |                        |
| STREET ADDRESS                               | 3300 UNIVERSITY DR  |   |   | ET ADDRESS  |   |                               |                        |
| CITY-ST-ZIP                                  | CORAL SPRINGS FL  |   | 1.4 CITY                                | ST-ZIP  |   |                               |                        |
| TITLE  | VPD   | DELETE  | 2.1 TITLE                               |   |   | ☐ Change                      | Additio                |
| NAME   | FALCONE, EDWARD   |   | 2.2 NAMI                                |   |   |                               |                        |
| STREET ADDRESS                               | 3300 UNIVERSITY DRIVE   |   |   | ET ADDRESS  |   |                               |                        |
| COTY-ST-ZIP<br>TITLE                         | CORAL SPRINGS FL<br>SD  | ☐ DELETE  | ······                                  | 2 4 CHY-ST-ZIP Char   |   | Change                        | ☐ Additio              |
| NAME   | CUCCI, PHILIP J   | ET percie   | 31 HILE<br>32 NAM                       |   |   | □ спануе                      | L. Audillo             |
| STREET ADDRESS                               | 3300 UNIVERSITY DRIVE   |   |   | ET ADDRESS  |   |                               |                        |
| CITY-ST-ZIP                                  | CORAL SPRINGS FL  |   | 3.4. CITY                               |   |   |                               |                        |
| TITLE  | VP  | DELETE  | 4.1 TITLE                               | <del></del>   |   | Change                        | Additio                |
| NAME   | DIFIORE, CORA   |   | 4. 2 NAM                                | E   |   |                               |                        |
| STREET ADDRESS                               | 3300 UNIVERSITY DRIVE   |   | 4.3 STRE                                | ET ADDRESS  |   |                               |                        |
| CITY-ST ZIP                                  | CORAL SPRINGS FL  |   | 4.4 CITY                                |   |   | ······                        | ·····                  |
| TITE   | VP  | DELETE  | 5.1 TITLE                               | 1   |   | Change                        | Additio                |
| 1  | -NICHOLSON, LARRY   |   | 5.2 NAM                                 |   |   |                               |                        |
| STREET ADORESS                               | 9300 UNIVERSITY DRIVE   |   |   | E1 ADDRESS  |   |                               |                        |
|  | OUTAL OF THROOFE  | DELETE  | 5.4 CITY<br>6.1 TITLE                   | <del></del>   | Change A  |                               | Addition               |
| CITY+ST-ZIP                                  |   | FT DECEMB   | 0.1 11/120                              |   |   | Contracting to                |                        |
| CITY+ST-ZIP<br>TITLE                         |   |   | 62 NAM                                  | :   |   |                               |                        |
| CITY+ST-ZIP<br>TITLE<br>NAME                 |   |   | 6.2 NAM<br>6.3 STRE                     | ET ADDRESS  |   |                               |                        |
| CITY - ST - ZIP<br>TITLE                     |   |   |   | ET ADDRESS  |   |                               |                        |

Director

RINTED NAME OF SIGNING OFFICER OR GRECTO

1-17-97

Daytime Phone #