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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

Jul 01 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000081556 (9)

TCC SOUTH FLORIDA, INC. Principal Place of Business Mailing Address 3250 MARY STREET 3250 MARY STREET FIFTH FLOOR FIFTH FLOOR MIAMI FL 33133 DO NOT WRITE IN THIS SPACE MIAMI FL 33133 3. Date Incorporated or Qualified 10/24/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0843363 Applied For 26 APPLIED FOR Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired П 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible 24 30 25 29 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name PELTZ, ARVIN 3250 MARY STREET 82 Street Address (P.O. Box Number is Not Acceptable) STE #500 83 MIAM! FL 33133 84 City Zip Code 85 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 ramiliar with, and accept the obligations of, Section 607.0505, Florida Statutes.				
SIGNATURE SIgnature, typed or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) DATE				
12.	OFFICERS AND DIRECTOR		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	DCP	☐ DELETE	1.1 TITLE	Change Addition
NAME	Weiser, Sherwood M		1.2 NAME	
STREET ADDRESS	\$250 MARY STREET, 5TH FLOOR		1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33133		1.4 C)TY - ST - Z(P	
THTLE	0 VC	☐ D€TE1E	2.1 TOTLE	Change Addition
NAME	LEFTON, DONALD E		2.2 NAME	
STREET ADDRESS	\$250 MARY STREET, 5TH FLOOR		2.3 STREET ADDRESS	
CITY-ST-ZIP	MAMI FL 33133		2. 4 CITY - ST - ZIP	
TITLE	VST	DELETE	3.1 TITLE	Change Addition
NAME	TEMLING, W P		3.2 NAME	
STREET ADDRESS	3250 MARY STREET, 5TH FLOOR		3.3 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL		3.4. CITY-ST-ZiP	
TITLE	ASAT	DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	BE ZOLD, THOMAS		4. 2 NAME	
STREET ADDRESS	3250 MARY STREET, 5TH FLOOR		4.3 STREET ADDRESS	
CITY-ST-ZIP	MAMI FL 33133		4.4 CITY-ST-ZIP	
TITLE	VAS	DELETE	5.1 TITLE	Change Addition
NAME	HEWITT, THOMAS F		5.2 NAME	
STREET ADDRESS	\$250 MARY STREET		5.3 STREET ADDRESS	
CITY-ST-ZIP	<u>Miami Fl</u>		5.4 City - St - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition
NAME			6.2 NAME	100002578901
STREET ADDRESS			6.3 STREET ADDRESS	-07/02/9801034042
CITY-ST-7IP			6.4 CITY - ST - 7IP	***150.00

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 immation 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.

IN LA LANDE WILLIAM CONTRACTOR OF THE STATE OF THE STATE