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FILED  
May 13 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000008812 (5)

1. Corporation Name

BEACON AT 97/TFI, INC.



Principal Place of Business

200 S. BISCAYNE BOULEVARD  
SUITE 4900  
MIAMI FL 33131

Mailing Address

200 S. BISCAYNE BOULEVARD  
SUITE 4900  
MIAMI FL 33131

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 56 Mr. Barry L. Bloom

22 655 Madison Ave. 8th Floor

23 New York, NY

24 10021 25 USA

2a. Mailing Address

25 % Mr. Barry L. Bloom

27 655 Madison Ave. 8th Floor

28 New York, NY

29 10021 30 USA

3. Date Incorporated or Qualified

01/29/1996

4. FEI Number

65-0677515

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 owes or has paid the current year Intangible  
Personal Property Tax due June 30. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

GRAGG, K. LAWRENCE  
WHITE & CASE  
200 S. BISCAYNE BLVD., SUITE 4900  
MIAMI FL 33131

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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 D  
STREET ADDRESS TISCH, JONATHAN M  
CITY-ST-ZIP 687 MADISON AVENUE, 8TH FLOOR  
NEW YORK NY 10021

TITLE ☐ DELETE  
NAME D  
STREET ADDRESS TISCH, THOMAS J  
CITY-ST-ZIP 687 MADISON AVENUE, 8TH FLOOR  
NEW YORK NY 10021

TITLE ☐ DELETE  
NAME VST  
STREET ADDRESS STEINBERG, THOMAS M  
CITY-ST-ZIP 687 MADISON AVENUE, 8TH FLOOR  
NEW YORK NY 10021

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  
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

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 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 employed 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

*[Signature]*

THOMAS M. STEINBERG 4/13/98 12:11 PM

CR2E034 (10/97)