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Apr 22 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000064287 (1)

1. Corporation Name

T.T. LP HOLDINGS, INC.



Principal Place of Business

ONE PARK PLACE
SUITE 450 621 NW 53 ST
BOCA RATON FL 33487

Mailing Address

ONE PARK PLACE
SUITE 450 621 NW 53 ST
BOCA RATON FL 33487-8238

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

24

25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

29

30

9. Name and Address of Current Registered Agent

ROSEN, LAWRENCE N
2925-AVENTURA BLVD
SUITE 800
AVENTURA FL 33180

3. Date Incorporated or Qualified

08/01/1996

3a. Date of Last Report

4. FEI Number

65-0688909

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

10. Name and Address of New Registered Agent

81 Name

NEESA B. Warlen

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

621 NW 53rd Street

83

Suite 450

84 City

Boca Raton

FL

85

Zip Code

33487

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

4/2/97

12. OFFICERS AND DIRECTORS

TITLE CSD
NAME Weissman Michael
STREET ADDRESS 621 NW 53rd St. Suite 450
CITY-ST-ZIP Boca Raton FL 33487

TITLE PD
NAME Weissman Richard S.
STREET ADDRESS 621 NW 53rd St. Suite 450
CITY-ST-ZIP Boca Raton FL 33487

TITLE VPT
NAME RUBIN GARY
STREET ADDRESS 621 NW 53rd St. Suite 450
CITY-ST-ZIP Boca Raton FL 33487

TITLE VP
NAME FLOEGEL JOHN
STREET ADDRESS 621 NW 53rd St. Suite 450
CITY-ST-ZIP Boca Raton FL 33487

TITLE VP
NAME Riley Darlene
STREET ADDRESS 621 NW 53rd St. Suite 450
CITY-ST-ZIP Boca Raton FL 33487

TITLE VP
NAME Pantan Jennifer
STREET ADDRESS 621 NW 53rd St. Suite 450
CITY-ST-ZIP Boca Raton FL 33487

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

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

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

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

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

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

14. I do 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 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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

President

Date

Daytime Phone #

4-10-97 (561) 994-6226

CR2E034 (9/96)