FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000064294 (7)**

1. Corporation Name
T.T. MORENO VALLEY, INC.

Principal Place of Business	*Mailing Address*
ONE PARK PLACE SUITE 450 621 NW 53 ST BOCA RATON FL 33487	ONE PARK PLACE SUITE 450 621 NW 53 ST BOCA RATON FL 33487-6238

3. Date Incorporated or Qualified: 08/01/1996
3a. Date of Last Report:

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 / Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 30

4. FEI Number: 65-0688912 ☐ 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

9. Name and Address of Current Registered Agent

~~ROSEN, LAWRENCE N~~
~~2925 AVENTURA BLVD~~
~~SUITE 300~~
~~AVENTURA FL 33180~~

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: Neesa Warlen — 4/3/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSD ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	Weissman Michael	1.2 NAME	
STREET ADDRESS	621 NW 53rd St. Suite 450	1.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	1.4 CITY-ST-ZIP	
TITLE	PD ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Weissman Richard S.	2.2 NAME	
STREET ADDRESS	621 NW 53rd St. Suite 450	2.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	2.4 CITY-ST-ZIP	
TITLE	VPT ☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Rubin Gary	3.2 NAME	
STREET ADDRESS	621 NW 53rd St. Suite 450	3.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	3.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME	FLDEIGEL JOHN	4.2 NAME	
STREET ADDRESS	621 NW 53rd St. Suite 450	4.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	4.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME	Riley Darlene	5.2 NAME	
STREET ADDRESS	621 NW 53rd St. Suite 450	5.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	5.4 CITY-ST-ZIP	
TITLE	VP ☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME	Stetson Roberta	6.2 NAME	
STREET ADDRESS	621 NW 53rd St #450	6.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	6.4 CITY-ST-ZIP	

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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] — 4-10-97 — (561) 994-6226
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

Richard S. Weissman, President