

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

FILED  
Apr 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 # 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

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/01/1996

4. FEI Number

65-0688312

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$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

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

WARLEN, NEESA B  
621 NW 53RD STREET  
SUITE 450  
BOCA RATON FL 33487

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 fee 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  
NAME WEISSMAN, MICHAEL  
STREET ADDRESS 621 NW 53RD ST SUITE 450  
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

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

TITLE PD  
NAME WEISSMAN, RICHARD  
STREET ADDRESS 621 NW 53RD ST SUITE 450  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ DELETE

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

TITLE VPT  
NAME RUBIN, GARY  
STREET ADDRESS 621 NW 53RD ST SUITE 450  
CITY-ST-ZIP BOCA RATON FL 33487 ☐ DELETE

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

TITLE VP  
NAME FLOEGEL, JOHN  
STREET ADDRESS 621 NW 53RD ST SUITE 450  
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

4.1 TITLE ☐ Change ☒ Addition  
4.2 NAME VPS  
4.3 STREET ADDRESS MARK SCHILLER  
4.4 CITY-ST-ZIP 621 NW 53RD St. #450  
Boca Raton FL 33487

TITLE VP  
NAME RILEY, DARLENE  
STREET ADDRESS 621 NW 53RD ST SUITE 450  
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

5.1 TITLE ☐ Change ☒ Addition  
5.2 NAME VP  
5.3 STREET ADDRESS Debbie O'Burne  
5.4 CITY-ST-ZIP 621 NW 53RD St. #450  
Boca Raton FL 33487

TITLE VP  
NAME STETSON, ROBERTA  
STREET ADDRESS 621 NW 53RD ST SUITE 450  
CITY-ST-ZIP BOCA RATON FL 33487 ☒ DELETE

6.1 TITLE ☐ Change ☒ Addition  
6.2 NAME VP  
6.3 STREET ADDRESS Larry Smith  
6.4 CITY-ST-ZIP 621 NW 53RD St. #450  
Boca Raton FL 33487

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 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:

3/14/98 (561) 994-6224

CR2E034 (10/97)