

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

FILED

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 # P96000064298 (8)

1. Corporation Name

T.T. SAN JUAN CAPISTRANO, 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

24 Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

29 Country

3. Date Incorporated or Qualified

08/01/1996

3a. Date of Last Report

4. FEI Number

65-0689031

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  
2825 AVENTURA BLVD  
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

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           | CEO                       | <input type="checkbox"/> DELETE |
| NAME            | Weissman Michael          |                                 |
| STREET ADDRESS  | 621 NW 53rd St. Suite 450 |                                 |
| CITY - ST - ZIP | Boca Raton FL 33487       |                                 |
| TITLE           | PD                        | <input type="checkbox"/> DELETE |
| NAME            | Weissman Richard S.       |                                 |
| STREET ADDRESS  | 621 NW 53rd St. Suite 450 |                                 |
| CITY - ST - ZIP | Boca Raton FL 33487       |                                 |
| TITLE           | VPT                       | <input type="checkbox"/> DELETE |
| NAME            | Rubin GARY                |                                 |
| STREET ADDRESS  | 621 NW 53rd St. Suite 450 |                                 |
| CITY - ST - ZIP | Boca Raton FL 33487       |                                 |
| TITLE           | VP                        | <input type="checkbox"/> DELETE |
| NAME            | FLOEGEL JOHN              |                                 |
| STREET ADDRESS  | 621 NW 53rd St. Suite 450 |                                 |
| CITY - ST - ZIP | Boca Raton FL 33487       |                                 |
| TITLE           | VP                        | <input type="checkbox"/> DELETE |
| NAME            | RILEY DARLENE             |                                 |
| STREET ADDRESS  | 621 NW 53rd St. Suite 450 |                                 |
| CITY - ST - ZIP | Boca Raton FL 33487       |                                 |
| TITLE           | VP                        | <input type="checkbox"/> DELETE |
| NAME            | Stetson Roberta           |                                 |
| 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           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME            |   |
| 1.3 STREET ADDRESS  |   |
| 1.4 CITY - ST - ZIP |   |
| 2.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME            |   |
| 2.3 STREET ADDRESS  |   |
| 2.4 CITY - ST - ZIP |   |
| 3.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME            |   |
| 3.3 STREET ADDRESS  |   |
| 3.4 CITY - ST - ZIP |   |
| 4.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME            |   |
| 4.3 STREET ADDRESS  |   |
| 4.4 CITY - ST - ZIP |   |
| 5.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME            |   |
| 5.3 STREET ADDRESS  |   |
| 5.4 CITY - ST - ZIP |   |
| 6.1 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 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:

*Richard S. Weissman*  
Richard S. Weissman President

4-10-97 (561) 994-6226

0339007

CR2E034 (9/96)