


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
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DOCUMENT # P96000073417 (3)

1. Corporation Name  
T.T. PLANTATION, 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 33487-8235
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3. Date Incorporated or Qualified 09/05/1986	3a. Date of Last Report
4. FEI Number 65-0722462	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> 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	29

9. Name and Address of Current Registered Agent  
~~ROSEN, LAWRENCE N~~  
~~2025 AVENTURA BLVD~~  
~~SUITE 900~~  
~~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* DATE 4/8/97  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	CSO <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FLOEGEL JOAN	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 <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEANES MARI BETH	6.2 NAME	
STREET ADDRESS	621 NW 53rd St. Suite 450	6.3 STREET ADDRESS	
CITY-ST-ZIP	Boca Raton FL 33487	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]* DATE 4-10-97 (561) 994-6226  
SIGNATURE AND PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)