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

PROFIT CORPORATION ANNUAL REPORT

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Apr 22 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P96000073423 (1)

1. Corporation Name T.T. RANCHO CUCAMONGA, INC. Principa: Place of Business ONE PARK PLACE SUITE 450	Mailing Address ONE PARK PLACE SUITE 450)		
621 NW 53 ST BOCA RATON FL 33487	621 NW 53 ST BOCA RATON FL 33487-8235			
pod imientik ada.			3. Date Incorporated or Qualified 09/05/1996	Sa. Date of Last Report
2. Principal Place of Business	2a. Mailing Address		4. FEI Number 65-072929	S Applied For Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			SR 75 Additional
22	27	····	5. Certificate of Status Desired	Fee Required
City & State	City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Country	8. This corporation has liability for in	
24 25	29 30			Yes No
g. Name and Address of Current f	registered Agent	81 Name	10. Name and Address of New Reg	
R osen, Lawrence n. 2 925 aventura blyd		N'		<u> </u>
2925 AVENTUTA DEVU		82 Street Addr	ess (P.O. Pox Number is Not Acceptab	Street
A ventutia fl. 99180 -		83	uite 450	
		84 City A	Batal	85 Zip Cpg/97-7
11. Pursuant to the provisions of Sections 607 0502 a	and 607 1508 Florida Statutes	the above-named corp	oration submits this statement for the pr	FL 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 NOME	abellen		4	1/3/97
Signatize typod or printed name of a distinct agent a 12. OFFICERS AND 0		egistered Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFICE	PERS AND DIRECTORS IN 12
THE (CSD)	DELETE	1.1 TITLE	ADDITIONOJO PANGEO TO CITTO	Change Addition
NAME WEISSMAN MICH	Nal Line	1.2 NAME		
SIRRET ADDRESS 621 NW 53rd S CITY-S1-ZIP BOCA ABTON FL	t. DUITE 450	-		
THE PD A TOND I'L	DELETE	1,4 CiTY - ST - ZiP 21 TITLE		Change Addition
HAME WEISSMAN RICHAR		2.2 NAME		
STREET ADDRESS LOAL NW 53rd ST		2.3 STREET ADDRESS		
CITY-SI-21 BOCA RATON FL	33487 DELETE	2. 4 CITY-ST-ZIP	**************************************	Change Addition
NAME 621 NW 53 CO ST	Suite 450	3.1 TITLE 3.2 NAME		L_1 Change (_1 Addition
Δ.		3.3 STREET ADDRESS		
CITY-ST-ZIP LADCA TATOM FL	33487	3.4. CITY-ST-ZIP	,	·····
THE	☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS LOW NIN 53 rd S	H. Suite 450	4.2 NAME 4.3 STREET ADDRESS		
CITY-SI-ZIS GOX 2 B2 TON F	L 33487	4.4 CITY-ST-ZIP		1.4
TITLE JP	DELETE	5.1 TITLE		Anddition
MAME RILEY DARLENE		5.2 NAME		4 Induntar
STREEL ADDRESS 421 NW 53rd St	- 241ts 450	5.3 STREET ADDRESS 5.4 City-St-Zip		NARALA
TITLE VP.	DELETE	6.1 TITLE		Change Addition
NAME Stetson Kon	erta colum	6.2 NAME	90000215 -04/24/970100	.ສ.1.13 N7N11
STREEL ADDRESS 42 NW 53 C	1 St. Suite450		***5445.00	or Wil
14. I do hereby certify that the information supplied v	L 33487: with this filling does not qualify f	64 CITY-ST-ZIP or the exemption stated	I in Section 119.07(3)(i), Florida Statutes	s. 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 an attached a with an address.				

president