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

Mailing Address

TAMPA FL 33605

2a. Mailing Address

1313 8TH AVE 3RD FI

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000077495

TCP REALTY, INC.

Principal Place of Business

2. Principal Place of Business

1313 8TH AVE

TAMPA FL 33605

3RD FU

59-3467143 Not Applicable 21 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing Added to Fees Trust Fund Contribution 23 28 Country 8. This corporation owes the current year Intangible Zip Country Zip □No Personal Property Tax. 30 24 25 29 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 SINGLETARY, THOMAS J 82 10770 N 46TH ST STE B100 TAMPA/FL 3367Z 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) nt and title if applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12 13. Hanager T/S George Alexander ☐ DELETE Change 1.1 TITLE TITLE 1.2 NAME THEOFILOS, JOHN S NAME 7373 Rowlett PK Drive 1.3 STREET ADDRESS 6303 SOUTH BAYSHORE BLVD STREET ADDRESS **TAMPA FL 33611** 1.4 CITY-ST-ZIP CITY-ST-ZIF Addition ☐ DELETE □ Change 21 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition ☐ Change ☐ DELETE 3.1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ☐ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP Change Addition ☐ DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP ☐ Addition □ DELETE 6.1 TITLE ☐ Change TITLE 6.2 NAME NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP

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 appendices, with all other like empowered.

FILED Mar 01, 1999 8:00 am

Secretary of State

03-01-1999 90219 029 ***150.00

DO NOT WRITE IN THIS SPACE

Applied For

3. Date Incorporated or Qualifed

09/08/1997 FEI Number