

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 AM 10:01

SECRETARIAT OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **712224** (5)

1. Corporation Name

1475 TERRA TOWERS CONDOMINIUM, INC.

Principal Place of Business

Mailing Address

1475 N.E. 125TH TERR.
NO. MIAMI FL 33161

1475 N.E. 125TH TERR.
NO. MIAMI FL 33161

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/08/1967

3a. Date of Last Report

04/11/1994

4. FEI Number

59-1159693

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

7. Nonprofit with IRS 501(c)(3)
Tax Exempt Status

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032,
Florida Statutes Yes No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

23 City & State

28 City & State

24 Zip

25 Country

29 Zip

30 Country

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

EVANOFF, CATHRYN
1475 NE 125TH TERRACE
APARTMENT 605
NORTH MIAMI FL 33161

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 607.0507, Florida Statutes.

SIGNATURE

[Signature] President

4-6-95

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

| | |
|-----------------|------------------------------|
| TITLE | VP |
| NAME | EDITH SCHNEIDER |
| STREET ADDRESS | 1475 NE 125 TERR 112 |
| CITY - ST - ZIP | NO MIAMI FL 33181 |
| TITLE | SD |
| NAME | SPORE, MARY JANE |
| STREET ADDRESS | 1475 NE 125TH TERR. |
| CITY - ST - ZIP | N. MIAMI FL |
| TITLE | D |
| NAME | MITZIE OFFER |
| STREET ADDRESS | 1475 NE 125 TERR 114 |
| CITY - ST - ZIP | NO MIAMI FL 33181 |
| TITLE | VTD |
| NAME | SANDLIN, DAN |
| STREET ADDRESS | 1475 NE 125TH TERR. |
| CITY - ST - ZIP | N. MIAMI FL |
| TITLE | VD |
| NAME | ZDAN, JEAN |
| STREET ADDRESS | 1475 NE 125TH TERR. |
| CITY - ST - ZIP | N. MIAMI FL |
| TITLE | PD |
| NAME | EVANOFF, CATHRYN |
| STREET ADDRESS | 1475 N.E. 125 TERRACE - #605 |
| CITY - ST - ZIP | NO. MIAMI FL 33181 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | | | |
|---------------------|----|------------------------|--|
| 1.1 TITLE | D | SAVARD JOHN | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 1.2 NAME | | 1475 NE 125 TERRACE | |
| 1.3 STREET ADDRESS | | N MIAMI FL 33161 | |
| 1.4 CITY - ST - ZIP | | | |
| 2.1 TITLE | SD | KRUGMAN, BETTY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2.2 NAME | | 1475 N.E. 125 TERRACE | |
| 2.3 STREET ADDRESS | | N. MIAMI FL 33161 | |
| 2.4 CITY - ST - ZIP | | | |
| 3.1 TITLE | D | BODNER MARY | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | | 1475 NE 125 TERRACE | |
| 3.3 STREET ADDRESS | | N. MIAMI, FL 33161 | |
| 3.4 CITY - ST - ZIP | | | |
| 4.1 TITLE | | TIS 4/16/95 | <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 | | 700001460217 | |
| 5.3 STREET ADDRESS | | -04/19/95 --01054--008 | |
| 5.4 CITY - ST - ZIP | | ****130.00 ****130.00 | |
| 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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* DAN SANDLIN, VTD 4/6/95 891-5642

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date (Day/Month/Year) (Signature Please)