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Feb 12 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998



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

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

3. Date Incorporated or Qualified
02/08/1967

4. FEI Number
59-1159693

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. Is this nonprofit corporation a homeowners association? Yes No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes 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 25 29 30

9. Name and Address of Current Registered Agent
MCKEE, WAYNE
1475 N.E. 125TH TERR, APT. 504
TERRA TOWERS CONDOMINIUM INC
NORTH MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name EDMOND JOHNSON

82 Street Address (P.O. Box Number is Not Acceptable)
1475 N.E. 125TH TERR.
UNIT 312

83 City No. MIAMI FL 85 Zip Code 33161

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *X Edmond O. Johnson* DATE: _____

(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	VPD	<input checked="" type="checkbox"/> DELETE
NAME	BROOKS, WAYNE	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 208	
CITY-ST-ZIP	NO MIAMI FL	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	BISIANA, SOFIA	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 606	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDGREN, SALLY	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 209	
CITY-ST-ZIP	NO MIAMI FL	
TITLE	AS	<input type="checkbox"/> DELETE
NAME	EVANOF, CATHERINE	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 605	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	TD	<input type="checkbox"/> DELETE
NAME	KRUGHMAN, BETTY	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 105	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	MCKEE, WAYNE	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 504	
CITY-ST-ZIP	NO. MIAMI FL	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	JOHNSON, EDMOND	
1.3 STREET ADDRESS	1475 N.E. 125TH TERR. #312	
1.4 CITY-ST-ZIP	NO. MIAMI FL 33161	
2.1 TITLE	VPD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	EVANOFF, CATHERINE	
2.3 STREET ADDRESS	1475 N.E. 125TH TERR # 605	
2.4 CITY-ST-ZIP	N. MIAMI FL 33161	
3.1 TITLE	SD	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	BUTLER, MATT	
3.3 STREET ADDRESS	1475 N.E. 125TH TERR. #311	
3.4 CITY-ST-ZIP	N. MIAMI FL 33161	
4.1 TITLE	TD	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	KRUGHMAN, BETTY	
4.3 STREET ADDRESS	1475 N.E. 125TH TERR # 105	
4.4 CITY-ST-ZIP	N. MIAMI FL 33161	
5.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	BESIANA, SOFIA	
5.3 STREET ADDRESS	1475 N.E. 125TH TERR # 606	
5.4 CITY-ST-ZIP	N. MIAMI FL 33161	
6.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
6.2 NAME	WILLIAMS, RAYMOND	
6.3 STREET ADDRESS	1475 N.E. 125TH TERR # 304	
6.4 CITY-ST-ZIP	N. MIAMI FL 33161	

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), 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: *X Edmond O. Johnson* DATE: _____ Daytime Phone # _____

CR2E037 (10/97)