

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 JAN 27 PH 4: 15

DOCUMENT # 714274 (8)
1. Corporation Name
GERMAINE TERRACE, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
% SHERMAN & SHERMAN ACCOUNTING 2530 W. OAKLAND PARK BLVD., 9-106 FT LAUDERDALE FL 33311
% SHERMAN & SHERMAN ACCOUNTING 2530 W. OAKLAND PARK BLVD., 9-106 FT LAUDERDALE FL 33311

3. Date Incorporated or Qualified 03/19/1968 3a. Date of Last Report 01/27/1994
4. FEI Number 59-1352859 Applied For Not Applicable

2. Principal Place of Business 2a. Mailing Address
21 SHERMAN & SHERMAN Suite, Apt. #, etc. 26 SHERMAN & SHERMAN Suite, Apt. #, etc.
22 4500 N. STATE ROAD 7 #101 City & State 27 4500 N. STATE ROAD 7 #101 City & State
23 FORT LAUDERDALE, FL 33319 28 FORT LAUDERDALE, FL 33319
24 Zip Country 25 Country 29 Zip Country 30

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

9. Name and Address of Current Registered Agent
PIPER, NELL
3223 N.E. 36TH ST.
FORT LAUDERDALE FL 33308

10. Name and Address of New Registered Agent
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 607.0505, Florida Statutes.

SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____
Signatures, typed or printed name of registered agent and title if applicable.

12. OFFICERS AND DIRECTORS	
TITLE	STD
NAME	BABB, SUZANNE
STREET ADDRESS	3223 NE 36TH ST., APT. 9
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	VD
NAME	PIPER, NELL
STREET ADDRESS	3223 NE 36TH ST., APT. 2
CITY-ST-ZIP	FORT LAUDERDALE FL
TITLE	PD
NAME	BABB, LEO
STREET ADDRESS	3223 N.E. 36TH ST.
CITY-ST-ZIP	FT. LAUDERDALE FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<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	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
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 110.07(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: Leo D. Babb LEO D. BABB JAN. 23, 1995 (305) 568-0347
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER AND DIRECTOR