

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

\$5.00 May Be
Added to Fees

7. Nonprofit with IRS 501(c)(3)

\$68.75 Supplemental
Fee Not Required

8. This corporation has liability for intangible tax under S. 199.032.

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)