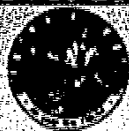


**CORPORATION
ANNUAL REPORT
1995**



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

**FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS**

95 MAR 31 AM 11:09

DOCUMENT # 188166 (3)

1. Corporation Name

TERRY FORD COMPANY

Principal Place of Business

1000 N.FEDERAL HWY.
P.O. BOX 2286
POMPANO BEACH FL 33061

Mailing Address

1000 N.FEDERAL HWY.
P.O. BOX 2286
POMPANO BEACH FL 33061

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 10/01/1955	3a. Date of Last Report 03/15/1994
4. FEI Number 59-0754995	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
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
22 City & State	27 City & State
23 Zip	28 Zip
24 Country	29 Country
25	30

9. Name and Address of Current Registered Agent

**PORTLEY, PETER A., ESQ.
2401 E. ATLANTIC BLVD.
SUITE 410
POMPANO BEACH FL 33062**

10. Name and Address of New Registered Agent

81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL

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

Signature typed in printed name of registered agent and the incorporator

(If NE, Registered Agent signature required when submitting)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PDT	1. TITLE	☐ Change ☐ Addition
NAME	MENTEN, PETER J	2. NAME	
STREET ADDRESS	1000 N FEDERAL HWY	3. STREET ADDRESS	
CITY ST ZIP	POMPANO BCH, FL 00000	4. CITY ST ZIP	☐ Change ☐ Addition
TITLE	S	21. TITLE	☐ Change ☐ Addition
NAME	MENTEN, PETER J.	22. NAME	
STREET ADDRESS	1000 NORTH FEDERAL HWY.	23. STREET ADDRESS	
CITY ST ZIP	POMPANO BEACH FL	24. CITY ST ZIP	☐ Change ☐ Addition
TITLE		31. TITLE	☐ Change ☐ Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY ST ZIP		34. CITY ST ZIP	☐ Change ☐ Addition
TITLE		41. TITLE	☐ Change ☐ Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY ST ZIP		44. CITY ST ZIP	☐ Change ☐ Addition
TITLE		51. TITLE	☐ Change ☐ Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY ST ZIP		54. CITY ST ZIP	☐ Change ☐ Addition
TITLE		61. TITLE	☐ Change ☐ Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY ST ZIP		64. CITY ST ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(2)(b), Florida Statutes. I further certify that the information included 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 incorporator 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 of this report as an officer or director with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

PETER J MENTEN

3/27/95

305

781-2345