## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## FILED Feb 19, 1999 8:00 am Secretary of State

02-19-1999 90068 002 \*\*\*150.00

F	<u>_</u>		A CONFORMIONS	02-17-1777 70000 002	130.00
	CUMENT # 3638 FIRST TERRA COMPANY	79			
Principal Place of Business  4367 N FEDERAL HWY FT LAUDERDALE FL 33308 US  Mailing Address PO BOX 24250 FT LAUDERDALE FL 33307 US			07		
				DO NOT WRITE IN TH  3. Date Incorporated or Qualifed	S SPACE
2. Principa	al Place of Business	2a. Mailing Address		05/11/1970	
21			4. FEI Number	Applied For	
	Apt. #, etc.	Suite, Apt. #, etc.		59-1399397	Not Applicable
22 City & S	Yata	27		5. Certifcate of Status Desired	\$8.75 Additional
23	otate	City & State		<del></del>	Fee Required
Zip	Country	28		Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be
24	<b>25</b>	Zip	Country	8. This corporation owes the current year In	Added to Fees
	9. Name and Address of Cu	29    Crent Registered Asset	30	Personal Property Tax.	Ti Yes DiNo
		тели педіатегео Аделт	94	10. Name and Address of New Registered	Agent
			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
			83		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above office or registered agent, or both, in the State of Florida. Such change was authorized by agent. I am familiar with, and accept the obligations of, Section 607.0505. Florida Statutes.			84 City		85 Zin Code
office or	nt to the provisions of Sections 607.  registered agent, or both, in the St.	0502 and 607.1508, Florida Statuti	es, the above-named corp	Oration submits this statement 6 - 1	Lip code
		ligations of, Section 607.0505, Flo	uthorized by the corporation	oration submits this statement for the purpose of on's board of directors. I hereby accept the appoint	changing its registered
SIGNATURE					
12.	Signature, typed or printed name of registered OFFICERS	agent and title if applicable. (NOTE: AND DIRECTORS	Registered Agent signature required	when reinstating) DATE	
TITLE	PU	DELETE	13.	ADDITIONS/CHANGES TO OFFICERS AN	DIRECTORS IN 42
NAME	CARROLL, JAMES H	I DELET	1.1 TITLE		☐ Change ☐ Addition
STREET ADDRESS	I TO THE PERSON OF THE PERSON		1.2 NAME	·	
CITY-ST-ZIP	FORT LAUDERDALE FL		1.3 STREET ADDRESS		
TITLE		☐ DELETE	1.4 CITY-ST-ZIP 2.1 TITLE		
NAME			2.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		<del>_</del>	2. 4 CITY- ST- ZIP	•	1
NAME		☐ DELETE	3.1 TITLE		
STREET ADDRESS			3.2 NAME		☐ Change ☐ Addition
CITY-ST-ZIP			3.3 STREET ADDRESS		
TITLE			3.4. CITY- ST- ZIP		
NAME		☐ DELETE	4.1 TITLE		Change Addition
STREET ADDRESS			4. 2 NAME		
CITY-ST-ZIP			4.3 STREET ADDRESS		,
ITLE		☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		
IAME		_	5.2 NAME	· ·	Change Addition
TREET ADDRESS			5.3 STREET ADDRESS		
TLE			5.4 CITY-ST-ZIP		
AME		☐ DELETE	6.1 TITLE		701
REET ADDRESS			6.2 NAME	L	Change Addition
TY-ST-ZIP			6.3 STREET ADDRESS		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and relating signature shall have the same legal effect as if made under oath; that I am an Block 12 or Block 13 if changed, or pn an attachment with an address, with all other like empowered.

SIGNATURE:

ATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

16699 2679800