## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUN 1. Corporation	MENT # 38603	4 (3)					
EAST TERRACE, INC.							••••
Principa! Place	of Business	Mailing Address				II BYBI WIWII BIBII BIBII I	DIDIN ANDIN ASASI TABI
1388 HARBOR DRIVE		1388 HARBOR DRIVE					
P.O.BOX 518 SARASOTA F		P.O.BOX 5186 Sarasota Fl 34239					
					3. Date incorporated or Qualified 07/29/1971	3a. Date of Las 05/01/	
		2a. Mailing Address	1		4, FEI Number 59-1462463	_	Applied For
Suite, Apt. #		Suite, Apt, #, etc.	Suite, Apt. #, etc.			\$8	Not Applicable 75 Additional
<b>├</b> ¬		27			5. Certificate of Status Desired		ee Required
City & State		City & State	י ·		6. Election Campaign Financing	\$5	.00 May Be
23 Zin	Country 7ip		Country		Trust Fund Contribution	AC AC	Ided to Fees
Ζιρ <b>24</b> ]	25	<del></del>	30		8. This corporation has liability for intangible tax under s 199.032, Florida Statutes Yes [] No		rs 199.032,
	9. Name and Address of Curren				10. Name and Address of New F	Registered Agent	
			81  N	lame			
ALLEN, HARRY J. 1388 HARBOR DRIVE			<b>82</b> S	treet Addre	ess (P.O. Box Number is Not Acceptab	ole)	
	OTA FL 34239		83				
On Not	71A 1 E 04200		24				
				lity		FL 85	Zip Code
or registere	o the provisions of Sections 607.0502 ed agent, or both, in the State of Floric h, and accept the obligations of, Secti	ta. Such change was authorized	, the above nam by the corporat	ied corpora tion's board	ation submits this statement for the pur of of directors. I hereby accept the app	rpose of changing i ointrnent as registe	ts registered office red agent. I am
SIGNATURE.	Signature typed or printed name of registered agent	and bit if analysis (AV)TE	: Registered Agent sign		Cudence reducible to a	DATE	
12.	OFFICERS ANI				ADDITIONS/CHANGES TO OFF		CTORS IN 12
TITLE	PD DELETE		1. 1 TITLE			☐ Chan	ge 🔲 Addition
NAME	ALLEN,HARRY J.		1.2 NAME				
STREET ADDRESS	1388 HARBOR DRIVE	COTA FI		ORESS			
CITY-ST-ZIP TITLE	SARASOTA FL SD	☐ DELETE	1.4 CHY-ST-ZH 2 1 TITLE	f		☐ Chan	ge 🗍 Addition
NAME	ALLEN,PATRICIA M.		2.2 NAME				go [ ] /100///5//
STHEET ADDRESS	1388 HARBOR DRIVE		2 3 STREET ADD	ORESS			1
CITY - ST - ZIP	SARASOTA FL		2 4 CITY-ST-ZI	Р			
TITLE	D	☐ DELETE	3 1 TITLE			☐ Chan	ge 🔲 Addition
NAME	BEAZLEY, ROBERT M		3 2 NAME				
STREET ADDRESS	1520 RINGLING BLVD SARASOTA FL			DRESS			
CITY-ST-ZIP TITLE	ONINOUINIE	DELETE	3 4 CITY-ST-ZIP 4. 1 TITLE			Chan	ge [] Addition
NAME			4 2 NAME				
STREET ADDRESS			4.3 STREET ADD	PRESS			
CITY-ST-ZIP			4.4 CITY - ST - ZI	թ			
THILE		☐ DELETE	5 1 TITLE			☐ Chan	ge 🔲 Addition
NAME			52 NAME				
STREET ADDRESS			5 3 STHEET ADD				]
CITY-ST-ZIP		☐ DELETE	5.4 CHTY-ST-ZH 6.1 THTLE	P		☐ Chan	ge 🔲 Addition
TITLE NAME		[] ottett	6 2 NAME			☐ cuan	åc □ ¥anınon i
STREET ADDRESS			63 STREFT ADD	IRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZI				
	v certify that the information supplied a	with this filing is voluntarily furnis			or the exemption stated in Section 119	07/3)/k) Florida St	atutes I further

I do nereby certify that the information supplied with this limit is voluntarily furnished and does not qualify for the exemption stated in section 1.13-07-07, more detailed. In this certify that the information indicated on this annual report annual report is true and accurate and that my signature shall have the same logal effect as if made under oath; that I am an officer or director of the corporation or this receiver 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 if charged, or on an attachment with an oddress. /96 941 - 955-1414

Date Daytime Phone #

SIGNATURE: ALLICA SIGNATURE OF SIGNATURE OF

4/2/96