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

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name

DOCUMENT # 577750



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 27, 1999 8:00 am Secretary of State

04-27-1999 90081 007 ***150.00

TERRE NEUVE CORP.						
						
Principal Place of Business			Mailing Address			
9044 SR 84 Davie FL 33(24			7770 W. OAKLAND PARK BLVD. SUITE 470		1	
US			SUMPRISE FL 33351		DO NOT WRITE IN T	HIS SPACE
			6s/		3. Date In corporated or Qualifed	•
					07/06/1978	
2. Principal Place of Business			2a. Mailing Address	04 04	4. FEI Number	Applied For
21			26 9044 StAte	e Kd. 84	59-1845547	Not Applicable
Suite, Apt. #, etc.			Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Acditional Fee Required
City & State			City & State	 ;	6. Election Campaign Financing	\$5.00 May Be
23			28 DAYJE 1		Trust F and Contribution	Added to Fees
Zip		Coun.ry	Zip	Country	8. This corporation owes the current year	r Intangible ☐ Yes []No
24	25		29 33324	30 USA	Personal Property Tax. 10. Name and Address of New Register	
	9. Name and	Add ess of Current	Registered Agent	81 Name	10. Name and Address of New Adgister	e i Agent
KAPI	LAN, NORMAN	D		<u></u>		
7770 W. OAKLAND PARK BLVD.				82 Street A	ddress (P.O. Box Number is Not Acceptable)	
SUITE 470				83		
SUNRISE FL 33351				84 City		85 Zip Code
				'		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 cirectors. I hereby accept the appointment as registered						
agent. I amyamiliar with, and accept the obligations of, Section 607.0505, Finnia Statutes.						
SIGNATUFE	Mu	ted na ne of registered agent	un Kenne	A-N - ANZ TE Registered Agent signature rec	1 RESIDENT 4/23/97	
12.	Signature, typed or prin	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD		☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	FLANZ, KEN			1.2 NAME		
STREET ADDRESS	9044 SR 84			1.3 STREET ADDRESS		
CITY-ST-ZIP	DAVIE FL 333	24		1.4 CITY-ST-ZIP		
TITLE			☐ DELETE	2.1 TITLE		Change Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2.4 CITY-ST-ZIP		Change Addition
TITLE	J		☐ DELETE	3.1 TITLE		□ cuanĝe □ Muniton
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP			☐ OELETE	3.4 CITY-ST-ZIP 4.1 TITLE		☐ Change ☐ Addition
TITLE			[DELETE			
NAME				4.2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS 4.4 CFTY-ST-ZIP		
CITY-ST-ZIP TITLE			□ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME				5.2 NAME		
STREET ADDR ISS				5.3 STREET ADDRESS		
CITY-ST-ZIP]			5.4 CITY-ST-ZIP		
TITLE			☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME				6.2 NAME		
1	1			6.3 STREET ADDRESS		

14. I here by 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 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if change 1, or on an attachment with an address, with all other like empowered

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

enneth FLANZ

4/23/99 (954)475-1284