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Jun 24, 1999 8:00 am
Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 712224

1. Corporation Name
1475 TERRA TOWERS CONDOMINIUM, INC.

Principal Place of Business 1475 N.E. 125TH TERR. NO. MIAMI FL 33161	Mailing Address 1475 N.E. 125TH TERR. NO. MIAMI FL 33161
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 02/08/1967
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1159693
City & State 23	City & State 28	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
Zip 24	Country 25	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees

9. Name and Address of Current Registered Agent

JOHNSON, EDMOND
1475 NE 125TH TERR
UNIT 32
N MIAMI FL 33161

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 SUNRAE MANAGEMENT SERVICES, INC.
84 City 4000 N. STATE RD. STE. 408A LAUDERDALE LAKES, FL 33319
85 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **6/14/99**

Signature, typed or printed name of registered agent and date if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input checked="" type="checkbox"/> DELETE
NAME	JOHNSON, EDMOND	
STREET ADDRESS	1475 NE 125TH TERR, #312	
CITY-ST-ZIP	NO MIAMI FL 33161	
TITLE	VPD	<input type="checkbox"/> DELETE
NAME	EVANOFF, CATHERINE	
STREET ADDRESS	1475 NE 125TH TERR #605	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	SD	<input type="checkbox"/> DELETE
NAME	EDGREN, SALLY	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 209	
CITY-ST-ZIP	NO MIAMI FL	
TITLE	AS	<input checked="" type="checkbox"/> DELETE
NAME	EVANOF, CATHERINE	
STREET ADDRESS	1475 N.E. 125TH TERR., APT. 605	
CITY-ST-ZIP	N. MIAMI FL	
TITLE	D	<input type="checkbox"/> DELETE
NAME	BESIANA, SOFIA	
STREET ADDRESS	1475 NE 125TH TERR #606	
CITY-ST-ZIP	N. MIAMI FL 33161	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	WILLIAMS, RAYMOND	
STREET ADDRESS	1475 NE 125TH TERR #304	
CITY-ST-ZIP	NO. MIAMI FL 33161	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Butler, Matthew	
1.3 STREET ADDRESS	1475 NE 125th Terr, #311	
1.4 CITY-ST-ZIP	No. Miami, FL 33161	
2.1 TITLE	T	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Krugman, Betty	
2.3 STREET ADDRESS	1475 NE 125th Terr #105	
2.4 CITY-ST-ZIP	No. Miami, FL 33161	
3.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Schneider, Edith	
3.3 STREET ADDRESS	1475 NE 125th Terr, #112	
3.4 CITY-ST-ZIP	No. Miami, FL 33161	
4.1 TITLE		<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		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
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 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 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, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED**

Matthew P. Butler
MATTHEW P. BUTLER

June 20, 1999 Date
305 801 2721 Daytime Phone #

CR2E037 (11/98)