

FILE NOW: FILING FEE AFTER MAY 1 IS \$155.00

**CORPORATION
ANNUAL REPORT
1995**



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

**APPROVED
AND
FILED**

95 APR 25 AM 9:10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 715335 (6)
1. Corporation Name
DIANE TERRACE, INC.

Principal Place of Business Mailing Address
**3333 NE 36 ST.
FT LAUDERDALE FL 33308** **3333 NE 36 ST.
FT LAUDERDALE FL 33308**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **10/02/1968** 3a. Date of Last Report **03/07/1994**
4. EFL Number **1001217** 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**
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status **\$68.75 Supplemental Fee Not Required**
8. This corporation has liability for intangible tax under S. 100.032, 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 Country
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**WISNESS, OSMUND
3333 NE 36TH ST.
FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name **MONIKA SCHULZE**
82 Street Address (P.O. Box Number is Not Acceptable) **3333 - N.E. 36th St.**
83 Apt # **apt # 8**
84 City **Ft. Lauderdale FL 85 Zip Code **33308****

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 *Osmond A. Wisness* *Monika Schulze*
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent Signature required when reappointing)

DATE **2-21-95**

12. OFFICERS AND DIRECTORS	
TITLE	NAME
VD	WISNESS, OSMUND 3333 NE 36 ST. FORT LAUDERDALE FL
VD	FREUND, STANLEY 3333 N.E. 36 ST. FORT LAUDERDALE FL
STD	ROSE, BETTY 3333 N.E. 36 ST. FORT LAUDERDALE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME
1.1	Presd MONIKA SCHULZE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2	NAME
1.3	STREET ADDRESS 3333 - N.E. 36th St.
1.4	CITY - ST - ZIP Ft. Lauderdale FL 33308
2.1	V.P. Osmond Wisness <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2	NAME
2.3	STREET ADDRESS 3333 - N.E. 36th St.
2.4	CITY - ST - ZIP Ft. Lauderdale FL 33308
3.1	Sec - Treas P <input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2	NAME
3.3	STREET ADDRESS Chuck Flores
3.4	CITY - ST - ZIP 3333 - N.E. 36th St
4.1	TITLE
4.2	NAME
4.3	STREET ADDRESS
4.4	CITY - ST - ZIP
5.1	TITLE
5.2	NAME
5.3	STREET ADDRESS
5.4	CITY - ST - ZIP
6.1	TITLE
6.2	NAME
6.3	STREET ADDRESS
6.4	CITY - ST - ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(b), Florida Statutes. I further certify that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 017, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Osmond A. Wisness* *Osmond A. Wisness* **565-4634**
Signature and typed or printed name of signing officer or director Date Daytime Phone #

PLEASE READ ALL INSTRUCTIONS CAREFULLY BEFORE COMPLETING THE FORM. IF YOU NEED ASSISTANCE, PLEASE CALL THE ANNUAL REPORT SECTION AT (904) 487-6056.

FILING FEE \$130.00	ANNUAL REPORT \$61.25 + \$68.75 CORPORATION SUPPLEMENTAL FEE MAKE CHECK PAYABLE TO DEPARTMENT OF STATE
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Reminder:

1. Changes in addresses, officers and registered agent must be typed or printed in ink and legible.
2. Include information in Blocks 3 and 4 if not preprinted by the computer.
3. Signature of the proper officer or director as noted in instructions for Block 14.
4. Indicate liability for intangible tax under s. 199.032, Florida Statutes, in Block 8.
5. Submit with total amount due in the form of a separate check for each filing. (Payable in United States Funds through a United States Bank to Department of State.) Fee is \$130.00.

- Block 1. Block 1 is preprinted with the corporation's name, document number, and date of incorporation. This information cannot be changed by way of this annual report.
- Block 2. Enter the principal place of business if different from the mailing address, or if it has been changed from what was previously reported, in Block 2.
- Block 2a. If the computer-entered mailing address in Block 1 is incorrect, enter the new mailing address in Block 2a. A Post Office Box is acceptable.
- Block 3. Enter the date of incorporation or qualification with this office if Block 3 is blank.
- Block 3a. Enter the file date of the last filed annual report, if applicable.
- Block 4. Complete Block 4 by entering your Federal Employer Identification (FEI) number or checking in the appropriate box. If "applied for" is preprinted in Block 4, you must now provide the FEI number. For assistance with FEI numbers, call IRS at 1-800-829-1040.
- Block 5. Should you desire a certificate reflecting your corporation's status after the filing in Block 5 and include an additional \$8.75 with your filing fee.
- Block 6. Florida law allows for a voluntary contribution of political campaigns for the offices of the Governor and members of the Cabinet. If you would like to make such a contribution, please check the box. The corporation must pay the supplemental fee.
- Block 7. If this corporation is a non-profit corporation, it is not subject to the \$68.75 supplemental corporation fee. Please direct all contributions to the appropriate office.
- Block 8. Check the appropriate box. Please indicate if the corporation is a non-profit corporation.
- Block 9. The law requires that each corporation have a registered agent. If the information in Block 9 is incorrect, enter the correct information.
- Block 10. Enter name of new Registered Agent. THE CORPORATION CANNOT BE ITSELF.
- Block 11. The new registered agent must sign in Block 11. No signature of the previous agent is necessary. If the person signing is not the registered agent of a different corporation, the person signing must state their position with the corporation.
- Block 12. Block 12 contains the last information reported in Block 13. If there is no change in the information reported in Block 13, no action is required.
- Block 13. Block 13 is for changes or additions to the information reported in Block 12. Changes must be typed or printed and legible. Use the following type symbols on the title line: P=President; V=Vice President; C=Chairman; M=Managing Director. If a person holds more than one position, enter all positions, e.g., S/D; V/S; V/T/D. A NON-PROFIT CORPORATION MUST LIST THREE (3) DIRECTORS OR TRUSTEES WITH THEIR STREET ADDRESSES. THE LETTER "D" or "T" MUST BE PLACED BY THE NAME OF EACH DIRECTOR. NOTE: A DIRECTOR MUST BE A NATURAL PERSON 18 YEARS OF AGE OR OLDER. NOTE: If officer or director's address is confidential pursuant to Section 119.07(k), Florida Statutes, an alternate address must be provided. Officers/Directors must list street addresses. If there is no street address, enter the mailing address and "N/A".
- Block 14. This report must be signed in Block 14 with an original signature by either the President, Vice President, Secretary, Treasurer or Director of the Corporation that is listed in Block 12, Block 13 if a change, or on an attachment with a street address. If the corporation is in the hands of a receiver, it must be signed by the trustee or receiver. A signature placed on an attachment in lieu of placement in Block 14 is unacceptable.

APPROVED AND FILED

I have signed this report to all the titles. Everything has been completed as per your instructions.

PERSONNEL

Send only 1995 Preprinted Annual Reports with stub and check to:
 Division of Corporations
 Annual Reports
 Post Office Box 1500
 Tallahassee, Florida 32302-1500
 Phone Number: (904) 487-6056

Send all other filings and correspondence to this address:
 Annual Reports Section
 Division of Corporations
 Post Office Box 6327
 Tallahassee, Florida 32314
Street Address (Overnight Delivery):
 409 East Gaines Street
 Tallahassee, Florida 32399

INFORMATION REGARDING RETURNED CHECK

If the check submitted with this report is returned by a bank for any reason, the report will be cancelled and considered not filed. The Department of State will administratively dissolve the corporation if a replacement payment with service charge and annual report are not resubmitted within the prescribed time frame.