

FILE NOW: FILING FEE IS \$61.25

**FILED**  
**Feb 22, 1999 8:00 am**  
**Secretary of State**

02-22-1999 90111 043 \*\*\*\*61.25

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NONPROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 715335**

1. Corporation Name  
**DIANE TERRACE, INC.**

Principal Place of Business 3333 NE 36 ST. FT LAUDERDALE FL 33308	Mailing Address 3333 NE 36 ST. FT LAUDERDALE FL 33308
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2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified 10/02/1968
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number 59-1351241
City & State 23	City & State 28	Applied For Not Applicable
Zip 24	Country 25	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>
	Country 29	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>

9. Name and Address of Current Registered Agent

**DAVIDSON, DONALD**  
**3333 NE 36TH STREET**  
**APT 3**  
**FT LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent

81 Name **Joseph O'Connor**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**3333 NE 36 St. Apt. 6**  
 83  
 84 City **FT. Lauderdale** FL 85 Zip Code **33308**

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 \_\_\_\_\_ DATE **1/5/99**  
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>PD</b>	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>DAVIDSON, DONALD</b>		1.2 NAME	
STREET ADDRESS <b>3333 NE 36TH ST</b>		1.3 STREET ADDRESS	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		1.4 CITY-ST-ZIP	
TITLE <b>VPD</b>	<input checked="" type="checkbox"/> DELETE	2.1 TITLE <b>PO</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>O'CONNOR, JOSEPH</b>		2.2 NAME <b>O'Connor Joseph</b>	
STREET ADDRESS <b>3333 NE 36TH ST</b>		2.3 STREET ADDRESS <b>3333 NE 36 St.</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		2.4 CITY-ST-ZIP <b>FT. Lauderdale, FL.</b>	
TITLE <b>STD</b>	<input checked="" type="checkbox"/> DELETE	3.1 TITLE <b>STD</b>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME <b>FABRICANT, ARNOLD</b>		3.2 NAME <b>Richard Feldmann</b>	
STREET ADDRESS <b>3333 NE 36TH ST</b>		3.3 STREET ADDRESS <b>3333 NE 36 St</b>	
CITY-ST-ZIP <b>FT LAUDERDALE FL</b>		3.4 CITY-ST-ZIP <b>FT. Lauderdale</b>	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: \_\_\_\_\_ DATE **1/5/99** DAYTIME PHONE # **954-568-6647**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E037 (11/98)