


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

FILED

Feb 12 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
DOCUMENT # F92000000925 (9)		
1. Corporation Name TERRA SOUTH, INC.		



Principal Place of Business 1520 N. ROCK RUN DRIVE, SUITE 22 JOLIET IL 60435	Mailing Address 1520 N. ROCK RUN DRIVE, SUITE 22 JOLIET IL 60435-3178
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 12/15/1992		3a. Date of Last Report 05/01/1996	
4. FEI Number 36-3849215		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		8.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent C T CORPORATION SYSTEM 1200 SOUTH PINE ISLAND ROAD PLANTATION FL 33324				10. Name and Address of New Registered Agent 81 Name CT Corporation System 82 Street Address (P.O. Box Number is Not Acceptable) 8751 West Broward Boulevard 83 84 City Plantation FL 85 Zip Code 33324			
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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

Signature, typed or printed name of registered agent and fee if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PCD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	Director, Vice President	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition		
NAME	BARR, GEORGE		1.2 NAME	Barr, George			
STREET ADDRESS	1520 N. ROCK RUN DRIVE, SUITE 22		1.3 STREET ADDRESS	1520 N. Rock Run Drive, Suite 22			
CITY-ST-ZIP	JOLIET IL 60435		1.4 CITY-ST-ZIP	Joliet, IL 60435			
TITLE	S	<input checked="" type="checkbox"/> DELETE	2.1 TITLE	Director, President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME	BORELLA, KIM		2.2 NAME	D.F. Antonelli, Jr.			
STREET ADDRESS	1520 N. ROCK RUN DRIVE, SUITE 22		2.3 STREET ADDRESS	1725 DeSales St., N.W., suite 300			
CITY-ST-ZIP	JOLIET IL 60435		2.4 CITY-ST-ZIP	Washington, DC 20036			
TITLE		<input type="checkbox"/> DELETE	3.1 TITLE	Director, Secretary	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			3.2 NAME	Mitchell Blankstein			
STREET ADDRESS			3.3 STREET ADDRESS	1725 DeSales St., N.W., suite 300			
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Washington, DC 20036			
TITLE		<input type="checkbox"/> DELETE	4.1 TITLE	Director, V.P., Treasurer +	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition		
NAME			4.2 NAME	J. Craig Marshall			
STREET ADDRESS			4.3 STREET ADDRESS	1725 DeSales St., N.W., Suite 300			
CITY-ST-ZIP			4.4 CITY-ST-ZIP	Washington, DC 20036			
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 do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment, with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone

CR2E034 (9/96)