

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **F95000003977 (4)**

1. Corporation Name

TERRACE HOLDINGS, INC.



Principal Place of Business

**4100 NORTH HILLS DRIVE
HOLLYWOOD FL 33021**

Mailing Address

**4100 NORTH HILLS DRIVE
HOLLYWOOD FL 33021**

3. Date Incorporated or Qualified

08/16/1995

3a. Date of Last Report

2. Principal Place of Business

21 **2699 Stirling Road**

2a. Mailing Address

26 **2699 Stirling Road**

4. FEI Number

65-0594270

Applied For

Not Applicable

Suite, Apt. #, etc.

22 **C-405**

Suite, Apt. #, etc.

27 **C-405**

5. Certificate of Status Desired

☐ **\$8.75 Additional Fee Required**

City & State

23 **Ft. Lauderdale, Florida**

City & State

28 **Ft. Lauderdale, Florida**

6. Election Campaign Financing

☐ **\$5.00 May Be Added to Fees**

Zip

24 **33312**

Country

25 **USA**

Zip

29 **33312**

Country

30 **USA**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

**LASKO, SAM DR
4100 NORTH HILLS DRIVE
HOLLYWOOD FL 33021**

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

(Sign, write, type or printed name of registered agent and title if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE
NAME **PCSD**
STREET ADDRESS **LASKO, SAM DR**
CITY-ST-ZIP **4100 NORTH HILLS DRIVE**
HOLLYWOOD FL 33021

TITLE ☐ DELETE
NAME **EVTD**
STREET ADDRESS **LASKO, JONATHAN**
CITY-ST-ZIP **4100 NORTH HILLS DRIVE**
HOLLYWOOD FL 33021

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
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 119.07(3)(k), 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 any attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/27/96

954-894-6000

CR2E034 (12/95)