FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90054 030 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F9500003977

1. Corporation Name

TERRACE HOLDINGS, INC.

Principal Place	of Business	Mailing Address			1189468	1716 19721 51111 55117 6	3111 6 8111 46 711 1		•=:- (==:
1351 N.W. 22ND STREET 1351 N.W. 22ND STREET									
POMPANO BEACH FL 33069 POMPANO BEACH FL 33069					DO NOT WR	ITE IN THIS	CDACE		
US		US			a Date Income	orated or Qualifed		SPACE	
					08/16/19	_	•		
a Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number			Apr	plied For
21	acc of Eddinoso	26			65-05942			 	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.						\$8.75 A	dditional
22	•	27			5. Certificate of	Status Desired		Fee Re	quired
City & State	9	City & State			6. Election Car	mpaign Financing	п	\$5.00	May Be
23		28			Trust Fund			Added to	o Fees
Zip	Country	Zip	Country			ition owes the cui	rrent year Int		
24	25	<u> </u>	30		Personal Pr				□No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and	Address of New	Registered	Agent	
BODI	RIGUES, WILLIAM P JR		"	Name					
l	N.W. 22ND STREET		82	Street Ad	ddress (P.O. Box Num	ber is Not Accep	table)		
	PANO BEACH FL 33069		83						
	THE BEIGHT E GOOD		65						
			84	City	•		FI	85 Zip C	Code
44 8	to the provisions of Sections 607.0502	and 607 1509. Florida Statutes	the above	a named co	omoration submits this	statement for the	e purpose of	changing its	registered
11. Pursuant t	egistered agent, or both, in the State o	of Florida, Such change was suf	therized by	. Herrica oc	- i - i - b d - f - i - a - k	are I horoby acce	ent the annoi	ntment as rec	ristered
agent. I ar	n familiar with, and accept the obligati	ions of, Section 607.0505, Florid	da Statutes	the corpora	ation's board of direct	urs. Thereby acco	opt the appoi		J
agent. I ar	n familiar with, and accept the obligati	ons of, Section 607.0505, Florid	da Statutes			ors. Thereby acce			
agent. I ar SIGNATURE	n familiar with, and accept the obligati	ons of, Section 607.0505, Florid and little if applicable. (NOTE: F	da Statutes		juired when reinstating)		DATE		
agent. I ar SIGNATURE 12.	m familiar with, and accept the obligati Signature, typed or printed name of registered agent OFFICERS AND	ons of, Section 607.0505, Florid and title if applicable. (NOTE: F D DIRECTORS	Registered Ager		juired when reinstating)	CHANGES TO O	DATE	ID DIRECTO	RS IN 12
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POMPANO BEACH FL 33069 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 tree 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 of trustee endowered 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 exactment with a address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

ABOUKHATER, HOUSSAM T

1351 N.W. 22ND STREET

STREET ADDRESS

INTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #