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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # F97000001918 (8)

TERRAB INVESTMENTS, INC.

FILED Feb 26 1998 8:00am Secretary of State



				<u> </u>
Principal Place of Business	Mailing Address			, , , , , , , , , , , , , , , , , , ,
P.O. BOX 11189	P.O. BOX 11189		İ	
SPRING TX 77391	SPRING TX 77391		DO NOT WRITE IN THIS	CDACE : TO
			3. Date incorporated or Qualified	orace
			04/14/1997	
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21	26		76-0426422	Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.	***		\$8.75 Additional
22	27		5. Certificate of Status Desired	Fee Required
City & State	City & State		6. Election Campaign Financing	\$5.00 May Be
23	28	<u> </u>	Trust Fund Contribution	Added to Fees N
Zip Country	Zip	Country	8. This corporation owes or has paid the cu	
24 25		90		Yes 🗹 No
9. Name and Address of Curre	nt Hegistered Agent	81 Name	10. Name and Address of New Registered	Agent
COFFIELD, P C		81 Name		
127 HIGHWAY 98 EAST, STE 3A DESTIN FL 32541		82 Street Add	dress (P.O. Box Number is Not Acceptable)	
DESTIN FL 32341		83		
		84 City		85 Zip Code
		- "	FL	.
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 ag-		Registered Agent signature requ		
- 1 65/6-n	D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS AND	
MODDIED MODE	∐ D€LETE	1.1 TITLE		☐ Change ☐ Addition
ARABA-SHARDINA 1 T LL I	O COUNTURY	1.2 NAME		;
ODDING TV	PINE CINCIR			i
OHI-SI-SH	DELETE	1.4 CITY-ST-ZIP		T 05 T 4.199
MOTONED CHECTED	☐ DECEIE	2.1 TITLE		☐ Change ☐ Addition
4 7/20-20-20-20-20-20-20-20-20-20-20-20-20-2	10 COURTHRY	2.2 NAME		
CDDIMO TV	A A A A A A A A A A A A A A A A A A A	E.O OTHEET ADDRESS		
CITY-ST-ZIP SPANING IA	DELETE	2. 4 CITY - ST - ZiP 3.1 TITLE		Change Addition
NAME	L. Detter	3.2 NAME		Change C Modillot)
STREET ADDRESS		3.3 STREET ADDRESS		
CITY-ST-ZIP				
TITLE	DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		4, 2 NAME		Almanda Divontion
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE	DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	 -	5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		İ
TITLE	DELETE	6.1 TITLE		Change 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 602. Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.