

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/1/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**APPROVED AND FILED**

95 JUL -3 AM 9:17

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**DOCUMENT # G48683 (8)**  
1. Corporation Name  
**TERRACE MANOR CORP.**

Principal Place of Business Mailing Address  
**8770 SW 127TH TERR MIAMI FL 33176-5231**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **07/05/1983** 3a. Date of Last Report **08/12/1994**  
4. FBI Number **59-2302751** Applied For  Not Applicable   
5. Certificate of Status Desired  **\$8.75 Additional Fee Required**  
6. Tax Exempt (Foreign Trust, Estate, etc.)  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under s. 199.006, Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State, Apt #, etc. 26 State, Apt #, etc.  
22 City & State 27 City & State  
23 City & State 28 City & State  
24 City & State 25 County 29 City & State 30 County

**9. Name and Address of Current Registered Agent**

**10. Name and Address of New Registered Agent**

**WHITCOMB, CAROLYN  
8770 SW 127TH TERR  
MIAMI FL 33176**

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 agent 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 of Current Registered Agent and the Filer) (Signature of New Registered Agent and the Filer)

**12. OFFICERS AND DIRECTORS**

**13. OFFICERS AND DIRECTORS**

12.1 TITLE **P**  
12.2 NAME **WHITCOMB, CAROLYN G**  
12.3 STREET ADDRESS **% 8770 SW 127TH TERR**  
12.4 CITY, ST, ZIP **MIAMI, FL 00000**  
12.5 TITLE **V**  
12.6 NAME **WHITCOMB, CRAIG L**  
12.7 STREET ADDRESS **9535 NW 95 ST**  
12.8 CITY, ST, ZIP **SUNRISE FL**  
12.9 TITLE **ST**  
12.10 NAME **WHITCOMB, KELLI J**  
12.11 STREET ADDRESS **9515 TIFFANY DR**  
12.12 CITY, ST, ZIP **MIAMI FL**

13.1 TITLE  Change  Addition  
13.2 NAME  
13.3 STREET ADDRESS  
13.4 CITY, ST, ZIP  
13.5 TITLE  Change  Addition  
13.6 NAME  
13.7 STREET ADDRESS  
13.8 CITY, ST, ZIP  
13.9 TITLE  Change  Addition  
13.10 NAME  
13.11 STREET ADDRESS  
13.12 CITY, ST, ZIP  
13.13 TITLE  Change  Addition  
13.14 NAME  
13.15 STREET ADDRESS  
13.16 CITY, ST, ZIP  
13.17 TITLE  Change  Addition  
13.18 NAME  
13.19 STREET ADDRESS  
13.20 CITY, ST, ZIP

14. I hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(a), 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: *Carolyn G Whitcomb*  
SIGNATURE OF TYPE OF PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

6/23/95 (305) 253 2461

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