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

FILED Apr 07 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G49585 (4) TERRANA OF FLORIDA, INC. Principal Place of Business Mailing Address C/O FLORIDA PROPERTY MANAGEMENT & SALES C/O FLORIDA PROPERTY MANAGEMENT & SALES 1750 UNIVERSITY DR., SUITE 114 1750 UNIVERSITY DR., SUITE 114 **CORAL SPRINGS FL 33071** CORAL SPRINGS FL 33071 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 07/18/1983 2. Principal Place of Business 2a. Mailing Address FEI Number Applied For 59-2304468 21 Not Applicable Suite, Apt #. etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country This corporation owes or has paid the current year Intangible No. 24 25 29 30 Personal Property Tax due June 30. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DORA, PETER D 1750 UNIVERSITY DR. 82 Street Address (P.O. Box Number is Not Acceptable) SUITE 114 **CORAL SPRINGS FL 33071** 83 84 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 Signature, typed or printed name of registered agent and true if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE Change Addition TITLE 1.1 TITLE BACHMANN, LEOPOLD NAME 1.2 NAME CR2E034 1750 UNIVERSITY DR., STE. 114 STREET ADDRESS 1.3 STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIF 1.4 CITY-ST-ZIP VĎ DELETE Change Addition TITLE 21 TITLE **BACHMANN, SIGMUND** NAME 22 NAME 1750 UNIVERSITY DR., STE. 114 23 STREET ADDRESS STREET ADDRESS **CORAL SPRINGS FL 33071** 2. 4 CITY-ST-ZIP CITY-ST-ZIP DELETÉ Change Addition TITLE 31 TITLE BACHMANN, JOHANNA NAME 3.2 NAME 1750 UNIVERSITY DR., STE. 114 STREET ADORESS 3.3 STREET ADDRESS **CORAL SPRINGS FL 33071** CITY-ST-ZIP 3.4. CITY - ST- 7IP DELETE ☐ Change Addition TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADORESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME

14. Thereby 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 eath; that I am an officer or director of the corporation of the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

61 TITLE

62 NAME

5 3 STREET ADDRESS 5.4 CITY - ST - ZIP

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

Addition