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**Apr 09 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **H32019** (2)  
1. Corporation Name **TERRAGLAZE, INC.**



Principal Place of Business: 1865 SW 4TH AVE, D-2, DELRAY BEACH FL 33444, US  
Mailing Address: 1865 S.W. 4TH AVE, D-2, DELRAY BEACH FL 33444-7835, US

3. Date incorporated or Qualified: 11/29/1984  
3a. Date of Last Report: 04/22/1996  
4. FEI Number: 59-2470731  
5. Certificate of Status Desired:  \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution:  \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-28) fields with sub-fields for Suite, City & State, Zip, and Country.

9. Name and Address of Current Registered Agent: GREER, CANDICE S., 4316 GLENEAGLES DR, BOYNTON BEACH, 33438

10. Name and Address of New Registered Agent: 81 Name: Brenda Jean Lusher, 82 Street Address: 1625 NE 17th Terrace, 84 City: Ft. Laud., FL, 85 Zip Code: 33305

11. Pursuant to the provisions of Sections 607.0522 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]* Signature, typed or printed name of registered agent and title if applicable: Brenda Jean Lusher President 4/3/97 (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		DELETE
TITLE	PD	<input type="checkbox"/>
NAME	BRENDA J. LUSHER	
STREET ADDRESS	1865 SW 4TH AVE, D-2	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	VD	<input checked="" type="checkbox"/>
NAME	LUNA, ADOLFO OLIVARIS	
STREET ADDRESS	1865 SW 4TH AVE, D-2	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE	ST	<input checked="" type="checkbox"/>
NAME	GREER, CANDICE S.	
STREET ADDRESS	1865 SW 4TH AVE, D-2	
CITY - ST - ZIP	DELRAY BEACH FL	
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/>
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		Change	Addition
1.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
1.2 NAME			
1.3 STREET ADDRESS			
1.4 CITY - ST - ZIP			
2.1 TITLE	VD	<input type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 NAME	Barry E. Greer		
2.3 STREET ADDRESS	1865 SW 4th Ave D-2		
2.4 CITY - ST - ZIP	DeLray Beach FL 33344		
3.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
3.2 NAME			
3.3 STREET ADDRESS			
3.4 CITY - ST - ZIP			
4.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
4.2 NAME			
4.3 STREET ADDRESS			
4.4 CITY - ST - ZIP			
5.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
5.2 NAME			
5.3 STREET ADDRESS			
5.4 CITY - ST - ZIP			
6.1 TITLE		<input type="checkbox"/>	<input type="checkbox"/>
6.2 NAME			
6.3 STREET ADDRESS			
6.4 CITY - ST - ZIP			

14. I do 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.  
SIGNATURE: *[Signature]* Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: Brenda Jean Lusher Pres 4/3/97 561-265-1258 DATE DAYTIME PHONE #

CR2E034 (9/96)