

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

FILED

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

Mailing Address

1865 SW 4TH AVE
D-2
DELRAY BEACH FL 33444
US

1865 S.W. 4TH AVE
D-2
DELRAY BEACH FL 33444-7835
US



2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

g. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

3a. Date of Last Report

11/29/1984

04/22/1996

4. FEI Number

Applied For

59-2470731

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional

Trust Fund Contribution

Fee Required

6. Election Campaign Financing

\$5.00 May Be

Added to Fees

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes ☒ No ☐

g. Name and Address of Current Registered Agent

GREER, CANDICE S.
4316 GLENEAGLES DR
BOYNTON BEACH, 33436

10. Name and Address of New Registered Agent

81 Name

Brenda Jean Lusher

82 Street Address (P.O. Box Number is Not Acceptable)

1625 NE 17th Terrace

83

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, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

Brenda Jean Lusher President

4/3/97

12. OFFICERS AND DIRECTORS

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	VD 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"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Brenda Jean Lusher Pres 4/3/97 561-265-1258

CR2E034 (9/96)