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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Jan 14 1997 8:00am

Secretary of State

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## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H58447

(4)

TERRA MAR INVESTMENT CORPORATION, INC.

| Principal Plac<br>310 FOURTH S<br>LAKE PARK F                   | Mailing Address 310 FOURTH STREET LAKE PARK FL 33403-3314 |   |   |                                    |   |                                |                                   |   |  |  |                    |                         |                         |                            |
|---|---|---|---|------------------------------------|---|--------------------------------|-----------------------------------|---|--|--|--------------------|-------------------------|-------------------------|----------------------------|
|   |   |   |   |                                    |   |                                |                                   |   |  | Date Incorporated or Qualific     05/23/1985   | ed                 | 3a. Date 02/20          | of Last R               | eport                      |
| Principal Place of Business     The Principal Place of Business |   |   |   | 28. Mailing Address 26             |   |                                |                                   |   |  | 4. FEI Number Applied For 59-2542334 Not Applied For   |                    |                         |                         | <u></u>                    |
| Suite, Apt. #, etc.   |   |   |   | Suite, Apt. #, etc.                |   |                                |                                   |   |  | 5. Certificate of Status Desired See Required  |                    |                         |                         |                            |
| City & State  |   |   |   | City & State                       |   |                                |                                   |   | 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees |  |                    |                         |                         |                            |
| Zip<br><b>24</b>  | Country 25  |   |   | Zip .                              | -¬ ` <b>}</b> ¬   |                                |                                   | ry                                      |  | 8. This corporation has liability for intangible tax under s. 199.032. Florida Statutes ☐ Yes ☐ No |                    |                         |                         |                            |
| 9. Name and Address of Current Registered Agent                 |   |   |   |                                    |   |                                |                                   |   | 10. Name and Address of New Registered Agent                                       |  |                    |                         |                         |                            |
| JAC   | COBSON, WA  | LLIAM P.  |   |                                    |   |                                | 81                                | Na                                      | ıme  |  |                    |                         |                         |                            |
|   | ) austrālia<br>E <b>60</b> 0                              |   |   |                                    |   | 82                             | Str                               | eet Addre                               | ss (P.O. Box Number is Not Acce  | ptable)  |                    | <del></del>             |                         |                            |
|   | PALM BEACH  | f FL 33401  |   |                                    |   |                                | 83                                |   |  |  |                    |                         | 18.4                    |                            |
|   |   |   |   |                                    |   |                                | 84                                | Cit                                     | y  |  | ·                  | FL                      | <b>85</b> Zip (         | Code                       |
| 11. Pursuant office or ragent. La                               | to the provisio<br>registered age<br>am familiar with     | ns of Section<br>nt, or both, in<br>n, and accept | s 607 0502 an<br>the State of f<br>the obligation | d 607.15<br>Iorida Si<br>s of, Sec | 508, Florida Stat<br>uch change was<br>tion 607.0505, I | utes, ti<br>s autho<br>Florida | he above<br>orized by<br>Statutes | e-nar<br>/ the<br>s.                    | ned corpo<br>corporatio  | ration submits this statement for t<br>n's board of directors. I hereby a                          | he purj<br>ccept t | pose of ch<br>he appoin | ianging it<br>itment as | s registered<br>registered |
|   | Signaturic Typed o  |   | g slored agent are                                |                                    |   |                                |                                   | nt sig                                  | nature required  | i when reinstating)  |                    | DATE                    |                         |                            |
| 12.   | DPS   | OFH.  | CERS AND DI                                       | RECTOR                             |   |                                | 13.                               |   |  | ADDITIONS/CHANGES TO O   | FICE               |                         |                         |                            |
| TITLE   |   | DAVID T.  |   |                                    | ☐ DELETE  | 1                              | 1.1 TITLE                         |   | 1  |  |                    | <u></u>                 | Change                  | Addition                   |
| NAME  | 310 4TH 3   |   |   |                                    |   |                                | 1.2 NAME                          |   |  |  |                    |                         |                         |                            |
| STREET ADDRESS  | LAKE PAP  |   |   |                                    |   | 1.3 STREET ADDRESS             |                                   |   |  |  |                    |                         |                         |                            |
| CITY-ST-ZIP   | LANCIA  | W F L   |   |                                    | DELETE  |                                | 1.4 CHTY - S                      | I - 71P                                 |  |  |                    |                         | Change                  | Addition                   |
| TITLE   |   |   |   |                                    |   | - 1                            | 2 1 TITLE                         |   | 1  |  |                    | L                       | 1 ruminas               | L. Mudition (              |
| NAME  |   |   |   |                                    |   |                                | 2.2 NAME                          |   |  |  |                    |                         |                         |                            |
| STREET ADORESS  |   |   |   |                                    |   |                                | 2.3 STREET                        |   |  |  |                    |                         |                         |                            |
| CITY-ST-ZIP<br>TITLE  | <u></u>   |   |   |                                    | DELETE  | _                              | 2. 4 CITY-:<br>3.1 TITLE          | SI - ZiF                                | <u></u>  |  |                    | <u> </u>                | Change                  | Addition                   |
| NAME.   |   |   |   |                                    | [] Section  | - 1                            | 3.2 NAME                          |   | 1  |  |                    | _                       | , Unango                | rodulon                    |
| STREET ADDRESS  |   |   |   |                                    |   |                                | 3.3 STREET                        | . VDDB                                  | ECC  |  |                    |                         |                         |                            |
| CITY-ST-ZIP   |   |   |   |                                    |   |                                | 3.4 CITY-1                        |   |  |  |                    |                         |                         |                            |
| TITLE   | <del> </del>  |   |   |                                    | DELETE  |                                | 4.1 TITLE                         | 31.51                                   |  |  |                    |                         | Change                  | Addition                   |
| NAME  |   |   |   |                                    |   | 1                              | 4 2 NAME                          |   | 1  |  |                    |                         |                         |                            |
| STREET ADDRESS  |   |   |   |                                    |   |                                | 4 3 STREET                        | . ABDA                                  | IESS   |  |                    |                         |                         |                            |
| CITY-ST-ZIP   |   |   |   |                                    |   |                                | 44 CITY - S                       |   | 1  |  |                    |                         |                         |                            |
| TITLE   | · ·   |   |   |                                    | DELETE  |                                | 5 1 TITLE                         | , 4.11                                  |  |  |                    |                         | Change                  | Addition                   |
| NAME  |   |   |   |                                    |   | 1                              | 52 NAME                           |   | 1  |  |                    | _                       | •                       |                            |
| STREET ADDRESS  |   |   |   |                                    |   |                                | 5 3 STREET                        | r adda                                  | ess  |  |                    |                         |                         |                            |
| CITY - ST - ZIP   |   |   |   |                                    |   | _ [                            | 5.4 CiTy - 9                      |   |  |  |                    |                         |                         |                            |
| TITLE   |   |   | ······································            |                                    | DELETE  |                                | 6.1 TITLE                         | A 616                                   |  |  |                    |                         | Change                  | Addition                   |
| NAME  |   |   |   |                                    | _   | j                              | 6.2 NAME                          |   | 1  |  |                    | _                       | •                       |                            |
| STREET ADORESS  |   |   |   |                                    |   |                                | 6.3 STREET                        | r adda i                                | ESS  |  |                    |                         |                         |                            |
| January Moone 33  | Į   |   |   |                                    |   | 1                              | 3.0 Dirick                        | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |  |  |                    |                         |                         |                            |

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

David T. URbinate 1-7-97