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**PROFIT CORPORATION** ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

TERRAZAS FAMILY ENTERPRISES, INC.

## **FILED** Mar 19 1998 8:00am Secretary of State



| Principal Place of Business Mailing Address  |   |   |  |  |                      |   | 1 19811/19 81/19 1(00) 41/1  | 18 (1919 19919 11           |                                       |                             | 41017 1401                 |                  |
|--|---|---|--|--|----------------------|---|--|-----------------------------|---------------------------------------|-----------------------------|----------------------------|------------------|
| 1153 ULMERTON ROAD<br>LARGO FL 34646<br>多つつば |   | 11153 ULMERTON<br>LARGO FL 34648 33778<br>US        |  |  |                      |   | DO NOT WRITE IN THIS SPACE   |                             |                                       |                             |                            |                  |
| 3  | 3110  | •   |  |  |                      |   | 3. Date incorporated of 07/22/1986   | or Qualified                |                                       |                             |                            |                  |
| 2. Principal P                               | lace of Business  | 2a. Mailing   | Address  |  |                      |   | 4, FEI Number  |                             |                                       | Ap                          | plied For                  | ]                |
| 21   |   | 26  |  |  |                      |   | 59-2700903   |                             |                                       | No                          | t Applicable               | 4                |
| Suite, Apt.                                  | #, etc.   | Suite, Apt. #, etc.                                 |  |  |                      | 5. Certificate of Status  | Desired  | . 🗆                         | \$8.75 A                              |                             |                            |                  |
| City & State                                 | 9   | City & State  |  |  |                      |   | 6, Election Campaign   | Financing                   | _                                     | \$5.00                      |                            | 1                |
| 23   |   | 28  |  |  |                      | · ···· —  | Trust Fund Contribu  |                             | <u> </u>                              | Added t                     |                            | 4                |
| Ziρ  | Country   | Zip   | <del></del>  |  |                      |   | 8. This corporation owes or has paid the current year Intangible Personal Property Tex due June 30. Yes No |                             |                                       |                             |                            |                  |
| 24   | 9. Name and Address of Current  | [29]  | 30   |  |                      | Personal Property Tax due June 30. Yes No  10. Name and Address of New Registered Agent |  |                             |                                       |                             | -                          |                  |
| ļ  |   | Hegistered A  | gent   |  | B1                   | Name  | 10. Hanne and Addres   | 3 OI 11011 II               | oğustoren y                           | igon.                       |                            | ┨                |
|  | RRAZAS, LOUIS & MARGO   |   |  |  |                      | IVALING   |  |                             |                                       |                             |                            | ╛                |
|  | 153 ULMERTON ROAD   |   |  |  | 82                   | Street Ac   | ldress (P.O. Box Number is I   | mber is Not Acceptable)     |                                       |                             |                            |                  |
| l W  | RGO FL 34648 - ጌጌገገያ  |   |  |  | 83                   |   | · · · · · · · · · · · · · · · · · · ·  |                             |                                       |                             |                            | +                |
|  |   |   |  |  | 84                   | City  |  |                             |                                       | 85 Zip (                    | Code                       | -                |
|  |   |   |  |  |                      | -   |  |                             | FL                                    | T   Y                       | 4                          |                  |
| 11. Pursuant<br>office or r<br>agent. I a    | to the provisions of Sections 607.0502<br>egistered agont, or both, in the State of<br>m familiar with, and accept the obliga | and 607.1508<br>of Florida Suc<br>tions of, Section | 3, Florida Statu<br>h change was<br>xn 607.0505, F | ites, the al<br>authorize<br>lorida Stat | bove<br>d by<br>utes | e-named co<br>the corpo<br>s.   | orporation submits this stater<br>ration's board of directors. I   | nent for the<br>hereby acce | purpose of<br>apt the app             | changing its<br>sintment as | s registered<br>registered |                  |
| SIGNATURE                                    | Signature, typed or printed name of registered agen   |   |  |  |                      |   | quired when reinstating)   |                             | DATE                                  |                             |                            | ے                |
| 12.  | OFFICERS AND  |   | •  | 13.                                      |                      |   | ADDITIONS/CHANG  | ES TO OFF                   | ICERS AND                             | DIRECTOR                    | IS IN 12                   | 78               |
| TITLE  | PV  | ·   | DELETE   | 1,1 70                                   | TLE                  |   | · · · · · · · · · · · · · · · · · · ·  |                             | · · · · · · · · · · · · · · · · · · · | Change                      | Addition                   | , T <del>S</del> |
| NAME   | TERRAZAS, LOUIS   |   |  | 1.2 N                                    | ME                   |   |  |                             |                                       |                             |                            |                  |
| STREET ADDRESS                               | 11153 ULMERTON RD #A101   |   | 1.3 \$   |  |                      | ADDRESS   |  |                             |                                       |                             | * •                        | }                |
| ÇITY+ST-ZIP                                  | LARGO FL  |   | 1.4 (  |  |                      | IT-ZIP  |  |                             |                                       |                             | ·                          | 18               |
| TITLE  | ST  |   | DELETE 2.1 TO                                      |  | TLE                  |   |  |                             |                                       | ☐ Change                    | Addition                   | ۱۲               |
| NAME   | TERRAZAS, MARGO   |   |  | 2.2 N                                    | AME                  |   |  |                             |                                       |                             |                            | 1                |
| STREET ADDRESS                               | 11153 ULMERTON RD, #A101  |   |  | 2.3 \$1                                  | REET                 | ADDRESS   |  |                             |                                       |                             |                            | ı                |
| CITY-ST-ZIP                                  | LARGO FL  |   |  | 2.40                                     | ITY-S                | ST-ZIP  |  | ¥ .                         | : .:                                  | -                           |                            | 4                |
| TITLE  | M   |   | DELETE   | 3.1 Ti                                   | TLE                  | 1   |  |                             |                                       | Change                      | L. Addition                | ' <b> </b>       |
| NAME   | TERRAZAS, MICHAEL   |   |  | 3.2 N                                    | AME                  | 1   |  |                             |                                       |                             |                            | 1                |
| STREET ADDRESS                               | 10454 TEMPLE WAY  |   |  | 3.3 \$1                                  | REET                 | ADDRESS   |  |                             |                                       |                             |                            | :[               |
| CITY-ST-ZIP                                  | SEMINOLE FL   |   | <del></del>  |  |                      | ST-ZIP  |  |                             |                                       | T 54                        | · ·                        | 4                |
| TITLE  | D   |   | DELETE   | 4.1 TI                                   |                      |   |  |                             |                                       | Change                      | Addition                   | ۱ ] .            |
| NAME   | TERRAZAS, CHRISTOPHER   |   |  | 4. 2 N                                   |                      |   |  |                             |                                       |                             |                            | 1.               |
| STREET ADDRESS                               | 10454 TEMPLE WAY  |   |  | 4.3 S                                    | REET                 | ADDRESS   |  |                             |                                       |                             |                            | 1                |
| CITY-ST-ZIP                                  | SEMINOLE FL   |   | T Nevers   |  |                      | T-ZIP   |  |                             |                                       | Change                      | T falaisian                | +                |
| TITLE  |   |   | DELETE   | 5.1 TI                                   |                      |   |  |                             |                                       | ☐ Change                    | ☐ Addition                 | 1                |
| NAME   |   |   |  | 5.2 N                                    |                      |   |  |                             |                                       |                             |                            |                  |
| STREET ADDRESS                               |   |   |  |  |                      | ADDRESS   |  |                             |                                       |                             |                            | 1                |
| City-St-ZiP                                  |   |   | DEVEST   |  |                      | ST - Z(P  |  |                             |                                       | Change                      | Addition                   | +                |
| TETLE  |   |   | DELETE   | 6.1 1                                    |                      | 1   |  |                             |                                       | L. Unange                   | Lij Addition               | 1                |
| NAME   |   |   |  | 6.2 N                                    |                      |   |  |                             |                                       |                             |                            |                  |
| STREET ADDRESS                               |   |   |  |  |                      | ADDRESS   |  |                             |                                       |                             |                            |                  |
| CITY-ST-ZIP                                  | certify that the information supplied wi  | eli, elsia ditione di                               | on not sucht.                                      | 6.4 C                                    | TY - S               | T-ZIP   | In Caction 110 07/3/// Elect   | da Statuton                 | I further on                          | rtify that the              | Information                | 4                |
| 14, Thereby                                  | certify that the information supplied wi  | ar ans ming do                                      | ros not quality                                    | TO DIE BK                                | 21112                | ALCOHOLOGICA  | at cooling the earns los   | val offeet on               | if made up                            | dor onthe th                | at I am en                 | ĺ                |

the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in