Mailing Address P O BOX 290821

410 DRUID HILLS

TEMPLE TERRACE FL 33617

**PROFIT** CORPORATION ANNUAL REPORT

1999

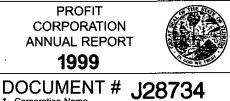
TERRACE LIVING INCORPORATED

1. Corporation Name

Principal Place of Business

**TEMPLE TERRACE FL 33617** 

P O BOX 290821 410 DRUID HILLS



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90049 028 \*\*\*150.00

		DO NO	T WRITE	IN THIS	SPACE	
Date	Incorpora	ited or Qi	ualifed			
08/	12/1986	;				
						A contract from

4. FEI Number 2a. Mailing Address 2. Principal Place of Business 59-2724474 Not Applicable 26 \$8.75 Additional Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certifcate of Status Desired Fee Required 27 22 ≃City & State ≃ - City & State 6. Election Campaign Financing \$5:00 May Be Added to Fees Trust Fund Contribution 28 23 Zip Country Zip Country 8. This corporation owes the current year Intangible □No 30 Personal Property Tax. 25 29 24 9. Name and Address of Current Registered Agent STATZ, DENNIS H.

3. D

410 DRUID HILLS **TAMPA FL 33617** 

	10. Name and Address of New Registered Agent								
	81	Name							
	82	Street Address (P.O. Box Number is Not Acceptable)							
	83								
	84	City FL 85 Zip Co.	de						
-		and a series are the statement for the purpose of changing its re	nietarad						

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 title if apphicable. (NOTE: R	egistered Agent signature re	quired when reinstating)	DATE	<u> </u>	
12.	OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12				
TITLE	DP DELETE	1.1 TITLE		Change	Addition	
NAME	STATZ, DENNIS H.	1.2 NAME	•			
STREET ADDRESS	410 DRUID HILLS	1.3 STREET ADDRESS				
CITY-ST-ZIP .	TEMPLE TERRACE FL	1.4 C/TY-ST-Z/P		****		
TITLÉ	STD DELETE	2.1 TITLE		☐ Change	☐ Addition	
NAME	STATZ, ELLEN	2.2 NAME			Ì	
STREET ADDRESS	410 DRUID HILLS	2.3 STREET ADDRESS				
CITY-ST-ZIP	TEMPLE TERRACE FL	2. 4 CITY-ST-ZIP				
TITLE	☐ DELETE	3.1 TITLE		☐ Change	Addition	
NAME		3.2 NAME				
STREET ADDRESS	The same of the sa	3.3 STREET ADDRESS				
CITY-ST-ZIP	· - Affice •	3.4. CITY-ST-ZIP				
TITLE	☐ DELETE	4.1 TITLE		☐ Change	☐ Addition	
NAME		4. 2 NAME			}	
STREET ADDRESS	• •	4.3 STREET ADDRESS		•	ĺ	
CITY-ST-ZIP	,	4.4 CITY-ST-ZIP				
TITLE	☐ DELETE	5.1 TITLE		Change	☐ Addition	
NAME		5.2 NAME	•	•	İ	
STREET ADDRESS		5.3 STREET ADDRESS			ļ	
CITY-ST-ZIP		5.4 CITY-ST-ZIP				
TITLE	, 🗀 DELETE	6.1 TITLÉ		☐ Change	☐ Addition	
NAME		6.2 NAME				
STREET ADDRESS		6.3 STREET ADDRESS	~			
		64 CITY-ST-ZIP				

14. I 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 address, with all other like empowered

SIGNATURE: