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Secretary of State

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PROFIT CORPORATION ANNUAL REPORT 1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # **J74439**

1. Corporation Name
TERRA CAPITAL COMPANY, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business
2000 PALM BEACH LAKES BLVD
~~SUITE 801~~
W PALM BEACH FL 33409
 US

Mailing Address
2000 PALM BEACH LAKES BLVD
~~SUITE 801~~
W PALM BEACH FL 33409
 US

3. Date Incorporated or Qualified
05/27/1987

4. FEI Number
65-0004167 Applied For
 Not Applicable

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 owes the current year intangible Personal Property Tax. Yes No

2. Principal Place of Business
21 2000 Palm Beach Lakes Blvd.
 Suite, Apt. #, etc.
22 #301
 City & State
23

2a. Mailing Address
26 2000 Palm Beach Lakes Blvd.
 Suite, Apt. #, etc.
27 #301
 City & State
28

Zip Country
24 **25** **29** **30**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CAMERON-HAYES, JONATHAN
~~2000 PALM BEACH LAKES BLVD~~
~~SUITE 801~~
W PALM BEACH FL 33409

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
2000 Palm Beach Lakes Blvd.
 83 **#301**
 84 City **FL** 85 Zip Code

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: _____ DATE: _____
Signature, typed or printed name of registered agent and title if applicable. (NO) E: Registered Agent signature required when reinstating.

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	RISTOW, LUTZ R.	1.2 NAME	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD, SUITE 801	1.3 STREET ADDRESS	2000 Palm Beach Lakes Blvd. #301
CITY-ST-ZIP	WEST PALM BEACH FL 33409	1.4 CITY-ST-ZIP	
TITLE	DVS <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CAMERON-HAYES, JONATHAN	2.2 NAME	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD, SUITE 801	2.3 STREET ADDRESS	2000 Palm Beach Lakes Blvd. #301
CITY-ST-ZIP	WEST PALM BEACH FL 33409	2.4 CITY-ST-ZIP	
TITLE	DVT <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, FRANK	3.2 NAME	
STREET ADDRESS	2000 PALM BEACH LAKES BLVD, SUITE 801	3.3 STREET ADDRESS	2000 Palm Beach Lakes Blvd. #301
CITY-ST-ZIP	WEST PALM BEACH FL 33049	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 on an attachment with an address, with all other like empowered.

SIGNATURE: _____ DATE: **4/22/99** DAYTIME PHONE #: **561 686 6968**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (11/98)