

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

**FILED**  
**Apr 27, 1999 8:00 am**  
**Secretary of State**

04-27-1999 90040 026 \*\*\*158.75

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.**



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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**05/27/1987**

2. Principal Place of Business	2a. Mailing Address
21 <b>2000 Palm Beach Lakes Blvd.</b>	26 <b>2000 Palm Beach Lakes Blvd.</b>
Suite, Apt. #, etc.	Suite, Apt. #, etc.
22 <b>#301</b>	27 <b>#301</b>
City & State	City & State
23	28
Zip	Zip
Country	Country
24	29
25	30

4. FEI Number  
**65-0004167**

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

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)
<b>2000 Palm Beach Lakes Blvd.</b>
83
<b>#301</b>
84 City
<b>FL</b>
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: \_\_\_\_\_ (Signature, typed or printed name of registered agent and title if applicable. (NOT E: Registered Agent signature required when reinstating.) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>RISTOW, LUTZ R.</b>	1.2 NAME	
STREET ADDRESS	<b>2000 PALM BEACH LAKES BLVD, SUITE 801</b>	1.3 STREET ADDRESS	<b>2000 Palm Beach Lakes Blvd. #301</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	1.4 CITY-ST-ZIP	
TITLE	DVS	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>CAMERON-HAYES, JONATHAN</b>	2.2 NAME	
STREET ADDRESS	<b>2000 PALM BEACH LAKES BLVD, SUITE 801</b>	2.3 STREET ADDRESS	<b>2000 Palm Beach Lakes Blvd. #301</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	2.4 CITY-ST-ZIP	
TITLE	DVT	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MILLER, FRANK</b>	3.2 NAME	
STREET ADDRESS	<b>2000 PALM BEACH LAKES BLVD, SUITE 801</b>	3.3 STREET ADDRESS	<b>2000 Palm Beach Lakes Blvd. #301</b>
CITY-ST-ZIP	<b>WEST PALM BEACH FL 33409</b>	3.4 CITY-ST-ZIP	
TITLE		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		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		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: \_\_\_\_\_

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4/22/99 561 686 6968

CR2E034 (11/98)