SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **K60900** **(3)**

1. Corporation Name
TERRACAN FLORIDA CORPORATION

Principal Place of Business	Mailing Address
BURGES & COMPANY INC 580 VILLAGE BLVD SUITE 330 WEST PALM BEACH FL 33409 US	C/O CANTRELL WEAVER BURGESS 580 VILLAGE BLVD SUITE 330 WEST PALM BEACH FL 33409

2. Principal Place of Business	2a. Mailing Address
21	26 BURGESS & COMPANY
Suite, Apt. #, etc 22	Suite, Apt. #, etc 27 580 VILLAGE Blvd., STE 330
City & State 23	City & State 28 WEST PALM BCH FL
Zip / Country 24 / 25	Zip / Country 29 33409 / 30 U.S.

3. Date Incorporated or Qualified: 01/25/1989
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0095620 ☐ 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 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
~~BURGESS, ROBERT C.~~ 580 VILLAGE BLVD ~~SUITE 150~~ WEST PALM BEACH FL 33409	81 Name: C. Robert Burgess 82 Street Address (P.O. Box Number is Not Acceptable) 83 STE 330 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 _____ (Signature, type or print name of officer authorized and title if applicable) (NOTE: Registered Agent's signature required when changing agent) (DATE)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DP ROTENBER, BARRY 1300-2 FIRST CANADIAN PLACE ONTARIO, CANADA	☒ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	DST WOLF, ROBERT 1300-2 FIRST CANADIAN PLACE ONTARIO, CANADA	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	~~V~~ P WORTZMAN, HOWARD 1300-2 FIRST CANADIAN PLACE ONTARIO, CANADA.	☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ N Rozowsky July 17/96 416 866-1580
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR (Date) (Area Code & Daytime Phone #)