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



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

SIGNATURE:

DOCUMENT # K83211

(8)

•	TERAN	ice feri	DINAND, I	INC.											***************************************	
Principal Place of Business Mailing Address  * TERRY FERDINAND																
					<b>-</b>				Date Incorporated or Qualified     04/25/1989		<b>3a.</b> Date of Last Report <b>05/01/1995</b>					
	rincipal P	lace of Busi	riess		3	Mailing Address				4.	FEI Number				pplied F	
21	uite, Apt	# olo			26	Colt. Ass. Ass.					65-0204148			<b>ᆜ</b> ——∔	of Apple	
22	опе, Аря	#, etc		}	27	Suite, Apt. #, etc				5.	, Certificate of Status Desired		5		Addition equired	
	ity & State	e				City & State					Election Campaign Financing				<u> </u>	
23				İ	28	,				6.	Trust Fund Contribution				May Bo	
Zi	р		Country	y		Zip	Co	untry	/	8.	. This corporation has liability for	intano	aible tax			
24			25		29	·	30				Florida Statutes	Yes		lo		
		9. Name	and Addre	ss of Current R	egiste	red Agent			r:	10	Name and Address of New R	egiste	red Age	nt		
		rdinand,						81	Name							
			43RD STRE	ET				82	Street Ac	ddress (F	P.O. Box Number is Not Acceptat	ble)				
	MI	AMI FL 33	167					02								
								83								
								84	City				. 8	<b>5</b> Zip	Code	
11 6	Pursuant	to the provis	sions of Sect	one 607 0502 ar	ıd 602	7 1509 Florida Stat	utor the n	20110	regued se		n submits this statement for the p		FL  °	Щ.		
(	omice or ri	egistered ag	gent, or tioth,	, in the State of F	lorida	<ul> <li>Such change was</li> </ul>	s authorize	d by	the corpora	ration's b	n submissims statement for the ploard of directors. Thereby accept	ourpos of the a	e or char ippointm	iging as ent as r	registe egistere	rea d
		m rampar w	um, and acce	ept the obagation	is or, t	Section 607.0505. I	Florida Sta	utes								
SIGN	IATURE	Signature 1,100	e or product nan e	of registere Lagentian	d title if a	applicable (N	ADTE Register	d Aue	nt signature rec	en ired when	Street Astronia	- <sub>[in</sub>	d F			
12.			Ö	FFICERS AND D	IRECT		13.				ADDITIONS/CHANGES TO OFFI			RECTOR	RS IN 12	·
TITLE		PD				DELETE	111	HLE						Change		id tion
NAME			iano, teri				121	AME								
STREET	T ADDRESS		I.W. 143RD	STREET			135	TREET	ADORESS							
City-S	ST - ZIP	MAMI	<u>FL</u>	*		T SELECT			51 - ZIP						·r	
TITLE						DELETE	211							Change	A:	nertible
NAME							- 1	AME								
	I ADDRESS								ADDRESS							
CHTY - S	51-219					DELETE	317		ST - ZIP					Change		til t an
NAME						L back	321						LI	Change	L.J AL	idat-on
	ADDRESS								ADDRESS							
CITY - S	ST - ZIP								ST-ZIP							
TITLE				·		DELETE	4 1 T	•			***************************************		Π.	Change	I Ac	idition
NAME							4.21	NAME						-	_	
STREET	ADDRESS						435	TREET	ADDRESS							
CITY-5	ST - ZIP	<b></b>					440	ITY - S	I-ZIP							
TITLE		,				DELETE	5 1 T	tTLE						Change	Ac	idition
NAME							521	AME								
	r Address						535	THEET	ADDRESS							
CITY - S	51 - ZIP					DOLETO			IT - ZIP						<del></del>	
NAME						DELETE	61T							Change	☐ Ad	fdition
	ADDRESS						621		MODI 22							
CITY - S	ADDRESS								ADDRESS							
14.	do hereb	by certify that	at the informa	at on supplied wi	tn this	filing is voluntanty	furnished a	and o	does not au	ualify for	the exemption stated in Section	119.03	737k (F)	onda 9	tahulan 1	
r	uriner cei nade und	rtiry that the der oath, tha	intormation i t Lam an offi	indicated o <del>n t</del> his cer or <b>ch</b> ector of	annui the o	a report or suppler o <del>rpora</del> tion or the re <del>3, or onlyin att</del> achin	mental ann eceiver or t	ual re Juste	eport is true e empower	ie and ac cred to ex	courate and that my signature sha secute this report as required by	all have Grapt	e the sar er 617 F	ne legal Ionda S	effect a tatutes	is if and

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR FEDDELLAND 7/196 687-6069.