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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999

DOCUMENT # L51577

TERA INDUSTRIES, INC.

## Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90114 036 \*\*\*150.00



Principal Place	e of Business	Mailing Address				
7634 CENTRAL INDUSTRIAL DR RIVIERA BEACH FL 33404		7634 CENTRAL INDUSTRIAL RIVIERA BEACH FL 33404 US		DO NOT WRITE IN THIS	SPACE	
US		03		3. Date Incorporated or Qualifed		
				02/15/1990		
Principal Place of Business     2a. Mailing Address		2a. Mailing Address	<del></del>	4. FEI Number	Appli	ed For
21		26		59-2993171	Not A	Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Add Fee Requ	
City & Stat	e	City & State		6. Election Campaign Financing	\$5.00 M	
23		28	3	Trust Fund Contribution	Added to I	-ees
Zip <b>24</b>	Country 25	Zip 30	Country	This corporation owes the current year Interpretation     Personal Property Tax.	Yes 🗆	]No
	9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registered	Ágent	
			81 Name	·		
MALONE, STEVEN			82 Street Ad	dress (P.O. Box Number is Not Acceptable)		
1473 VILLAGE BLVD. #305			110			
WES	T PALM BEACH FL 33409		83	•		
			84 City		85 Zip Co	de
			Palu	n Beach Gardens FL		
11. Pursuant	to the provisions of Sections 607.050	32 and 607.1508, Florida Statutes, the	e above-named co	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing its re ntment as regis	gistered
agent. I a	m familiar with, and accept the obliga	ations of, Section 607.0505, Florida S	Statutes.		J	
SIGNATURE				· _ ·	<u> </u>	{
	Signature, typed or printed name of registered age		ered Agent signature requ	ired when reinstating)  ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTOR	S IN 12
12.	OFFICERS AF		.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change	Addition
TITLE	MALONE, STEVEN		2 NAME		<i>F</i> • •	_
NAME	4470 MILLAGE DIAM #00E		.3 STREET ADDRESS	1103 Grand Cay Dr.		-
STREET ADDRESS	WEST PALM BEACH FL		.4 CITY-ST-ZIP	Palm Beach Gardens, FL	3941	8
CITY-ST-ZIP	DV DV		11 TITLE	Tair Dead Editors J.	Change	Addition
	SUH, EDWARD	_	.2 NAME	, *		
NAME	AAAA AATH TCDD		3 STREET ADDRESS			
STREET ADDRESS	PALM BEACH GARDENS FL		. 4 CITY-ST-ZIP			
CITY-ST-ZIP TITLE	TALM BEACH CARDENOTE		A TITLE		Change	☐ Addition
NAME		_	.2 NAME			1
STREET ADDRESS		3	3 STREET ADDRESS			
CITY-ST-ZIP		3	J.4. CITY-ST-ZIP			
TITLE	-	☐ DELETE 4	L1 TITLE		Change	☐ Addition
NAME		. 4	I. 2 NAME			
STREET ADDRESS		4	.3 STREET ADDRESS			}
CITY-ST-ZIP		4	4 CITY-ST-ZIP			
TITLE			i.1 TITLE		Change	☐ Addition
NAME		5	5.2 NAME	•		
STREET ADDRESS		, 5	3.3 STREET ADDRESS			
CITY-ST-ZIP			5.4 CITY-ST-ZIP			
TITLE		C. Desterio	3.1 TITLE		Change	☐ Addition
NAME		₫ 6	5.2 NAME			
CIDEET ADDDESS		€	3.3 STREET ADDRESS			

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 to 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 trusted 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 of an an attachment with an address, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE: