**FILED** 

Apr 30, 1999 8:00 am 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 #** L75117

1. Corporation Name

TERRA	FIRMA CAPITAL, INC.				
Dringinal Diag	o of Rusiness	Mailing Address	<del></del> -	I (BB)(IB)( B)( 1008) B)(B) (1000) 7/8/( 1000) B	811 61611 91911 91911 61811 91911 1981
Principal Place of Business P. O. BOX 680-579 MIAMI FL 33168 US		P. O. BOX 680-579 MIAMI FL 33168 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 05/23/1990	)
2 Principal P	Place of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26		65-0335089	Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & Star	te	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip 29 3	Country	This corporation owes the current year     Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Current	<del></del>	<u> </u>	10. Name and Address of New Register	ed Agent
}	3. Name and Address of Ourion	r regional rigoriu	81 Name		
BARTHET, PATRICK C ESQ			82 · Street Ad	dress (P.O. Box Number is Not Acceptable)	
200 S. BISCAYNE BLVD SUITE 1800		83			
MIAMI FL 33131		•	B3		
			84 City	-	85 Zip Code
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.  (NOTE: Registered Agent signature required when reinstating)  DATE					
12.		D DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	UTVICH, MICHAEL		1.2 NAME		
STREET ADDRESS	<b>,</b>		1.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY+ST-ZIP		Z1.Chenge ☐ Addition
TITLE	-VD	A-BELETE	2.1 TITLE	DIRECTOR	
NAME	HYDE, ROBERT J.		2.2 NAME 2.3 STREET ADDRESS	OLIVER SHERRILL 2300 INDIAN CREEK BUD	,WEST-APT-C/17
STREET ADDRESS CITY-ST-ZIP	-12673 NEW-BRITTANY BEVD -FORT MYERS FL		2.4 CITY-ST-ZIP	VERO BEACK, FLORIDA	32966
TITLE	D	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	EUERINGHAM, PHILIP D		3.2 NAME		
STREET ADDRESS	2602 SAN DOMINGO ST		3.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL		3.4. CITY-ST-ZIP	OLDERTA D	Change Addition
πιε	OIDTHAN OHADIEC	DELETE	4.1 TITLE	NEVICH DAVID	□ Clignide □ Vagriion
NAME	-GIRTMAN, CHARLES -744-TIBADABO AVE		4.2 NAME 4.3 STREET ADDRESS	DIRECTOR UTVICH, DAVID 1368 HIBISCUSS AV	/E·,
STREET ADDRESS CITY-ST-ZIP	CORAL GABLES FE		4.4 CITY-ST-ZIP	WINTER PARK, FLOR	DA 32789
TITLE	SE CORP. SEC/TRE	AS. DELETE	5.1 T/TLE		Change Addition
NAME	UTVICH, LORNA R	•	5.2 NAME	·	
STREET ADDRESS	6305 CASTANEDA		5.3 STREET ADDRESS		
CITY-ST-ZIP	CORAL GABLES FL	Ø a€TETE	5.4 CITY-ST-ZIP 6.1 TITLE	DIRECTOR	Genange GAddition
			= V:111144	4 - 1 - F - F - F - F - F - F - F - F - F	

STREET ADDRESS
CITY-ST-ZIP

LITHIA FL

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 recute this report as required by Chapter 607. Florida Statutes; and that my name appears in Block 12 of Block 13 if changed, or on a attachment with an address, with all other like empowered.

SIGNATURE: