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Apr 18 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # **L77284** (2)
1. Corporation Name
22ND TERRACE, INC.



Principal Place of Business: **3350 N.W. 22ND TERRACE STE 1200 POMPANO BEACH FL 33069 US**

Mailing Address: **3350 N.W. 22ND TERRACE STE 1200 POMPANO BEACH FL 33069-1063 US**

3. Date Incorporated or Qualified: **06/04/1990**

3a. Date of Last Report: **05/30/1996**

2. Principal Place of Business

21 **2101 N.W. 33rd Street**

22 **3000 A**

23 **Pompano Beach**

24 **FL**

25 **Broward**

2a. Mailing Address

26 **2101 N.W. 33rd Street**

27 **3000 A**

28 **Pompano Beach FL 33069**

29 **33069**

30

4. FEI Number: **65-0199596**

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

BLACK, RENNY
3350 N.W. 22 TER
STE 1200
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1608, 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]* (NOTE: Registered Agent signature required when reinstating) DATE: **4/14/97**

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	BLACK, CLAIRE	
STREET ADDRESS	3350 NW 22ND TERRACE #1200	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	CTS	<input type="checkbox"/> DELETE
NAME	BLACK, RENNY	
STREET ADDRESS	3350 N. W. 22ND TERRACE 31200	
CITY-ST-ZIP	POMPANO BEACH FL 33069	
TITLE	VP	<input checked="" type="checkbox"/> DELETE
NAME	BLACK, JEFFREY	
STREET ADDRESS	3350 NW 22ND TERR. #1200	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BLACK, JASON	
STREET ADDRESS	3350 NW 22ND TERRACE #1200	
CITY-ST-ZIP	POMPANO BCH FL 33069	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	Black, Renny	
1.3 STREET ADDRESS	2101 N.W. 33rd ST. STE 3000A	
1.4 CITY-ST-ZIP	Pompano Beach FL 33069	
2.1 TITLE	Black, Claire CTS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	Black, CLAIRE	
2.3 STREET ADDRESS	2101 N.W. 33rd ST. STE 3000A	
2.4 CITY-ST-ZIP	Pompano Beach FL 33069	
3.1 TITLE	VP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	Black, Jason	
3.3 STREET ADDRESS	2101 N.W. 33rd ST STE 3000A	
3.4 CITY-ST-ZIP	Pompano Beach FL 33069	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do 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.

SIGNATURE: *[Signature]* DATE: **4/14/97** DAYTIME PHONE: **954-974-1444**

CR2E034 (9/96)