FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

'95 MAY -1 AM 10:15

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L93236** **(2)**

1. Corporation Name

TERRACAN JAX CORP.

Principal Place of Business	Mailing Address
C/O CENTRAL WEAVER BURGESS 580 VILLAGE BLVD., STE. 150 WEST PALM BCH. FL 33409	C/O CENTRAL WEAVER BURGESS 580 VILLAGE BLVD., STE. 150 WEST PALM BCH. FL 33409

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/09/1990
3a. Date of Last Report: 08/16/1994

2. Principal Place of Business
21 Burgess + Company, Inc
Suite, Apt. #, etc.
22 Suite 330
City & State
23
Zip 24 Country 25

2a. Mailing Address
26
Suite, Apt. #, etc.
27
City & State
28
Zip 29 Country 30

4. FEI Number: 65-0213561 ☐ 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

BURGESS, C. ROBERT
580 VILLAGE BLVD
SUITE 330
WEST PALM BCH. FL 33409

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
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 _____ DATE
(Signature, typed or printed name of registered agent and title if agent is a corporation) (NOTE: Registered Agent's signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	ROTENBERG, BARRY	12 NAME	
STREET ADDRESS	36 TORONTO ST., #1200	13 STREET ADDRESS	1300-2 FIRST CANADIAN PLACE
CITY ST ZIP	TORONTO ONT. CANADA	14 CITY ST ZIP	TORONTO ONT CANADA M5X 1E3
TITLE	DST	21 TITLE	☐ Change ☐ Addition
NAME	WOLF, ROBERT	22 NAME	
STREET ADDRESS	36 TORONTO ST., #1200	23 STREET ADDRESS	1300-2 FIRST CANADIAN PLACE
CITY ST ZIP	TORONTO ONT. CANADA	24 CITY ST ZIP	TORONTO ONT CANADA M5X 1E3
TITLE		31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	
STREET ADDRESS		33 STREET ADDRESS	
CITY ST ZIP		34 CITY ST ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY ST ZIP		44 CITY ST ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY ST ZIP		54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY ST ZIP		64 CITY ST ZIP	

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ 4/25/95 (416) 866-3498
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL OFFICER OR DIRECTOR — Date — Daytime Phone #

0248862 CP