

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

09/28/1997

DOCUMENT # M59810 (5)

1. Corporation Name
TERPAK & ASSOCIATES, INC.

Principal Place of Business Mailing Address
14721 S.W. 110TH TERRACE MIAMI FL 33196 **14721 S.W. 110TH TERRACE MIAMI FL 33196**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/28/1987** 3a. Date of Last Report **03/22/1994**
4. FEI Number **59-2852034** 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. 195.032, Florida Statutes Yes No

2. Principal Place of Business 2a. Mailing Address
21 **911 S. SHORE DRIVE** 28 **911 S. SHORE DRIVE**
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 27
City & State City & State
23 **MIAMI BEACH, FL** 28 **MIAMI BEACH, FL**
Zip Country Zip Country
24 **33141** 25 **USA** 29 **33141** 30 **USA**

9. Name and Address of Current Registered Agent
TERPAK, KAREN N.
14721 S.W. 110TH TERRACE
MIAMI FL 33196

10. Name and Address of New Registered Agent
B1 Name **TERPAK, KAREN N.**
B2 Street Address (P.O. Box Number is Not Acceptable) **911 S. SHORE DRIVE**
B3
B4 City **MIAMI BEACH** FL B5 Zip Code **33141**

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 *Karen N. Terpak*
Signature (typed or printed name of registered agent and title if applicable)

DATE **6/12/95**
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	TS
NAME	TERPAK, ANDREW E.
STREET ADDRESS	14721 S.W. 110TH TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	PD
NAME	TERPAK, KAREN N.
STREET ADDRESS	14721 S.W. 110 TERRACE
CITY, ST, ZIP	MIAMI FL
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY, ST, ZIP	

13. ADDITIONAL INFORMATION

11 TITLE	TS	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	TERPAK, ANDREW E.	
13 STREET ADDRESS	911 S. SHORE DRIVE	
14 CITY, ST, ZIP	MIAMI BEACH, FL 33141	
21 TITLE	PO	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	TERPAK, KAREN N.	
23 STREET ADDRESS	911 S. SHORE DRIVE	
24 CITY, ST, ZIP	MIAMI BEACH, FL 33141	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME		
33 STREET ADDRESS		
34 CITY, ST, ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY, ST, ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY, ST, ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME		
63 STREET ADDRESS		
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)(k), Florida Statutes. I further certify that the information indicated on the 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 *Karen N. Terpak*
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
KAREN N. TERPAK

DATE **6/12/95** (305) 846-9736
Date Name (Phone #)

CR2E034 (3/95)