

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # M92913

1. Corporation Name

Terrah Special Celebration
INC

Principal Place of Business

Mailing Address

P.O. Box 940852
Maitland, Florida

3. Date Incorporated or Qualified

3a. Date of Last Report

8/4/88

8/9/95

2. Principal Place of Business

2a. Mailing Address

21. P.O. Box 940852

26. Suite, Apt. #, etc.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22. City & State

27. City & State

23. Maitland

28. City & State

24. Zip

25. Country

29. Zip

30. Country

32751

USA

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Harnet Rubin
1611 Huron Trail
Maitland, Fla 32751

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

Harnet Rubin

Signature typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when re-registering)

4-22-96

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
PRESIDENT, Ssgistics, [] DELETE
Harnet RUBIN
1611 Huron Trail
Maitland Fla 32751

1.1 TITLE [] Change [] Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

[] Change [] Addition

TITLE
NAME
STREET ADDRESS
CITY - ST - ZIP
[] DELETE

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

[] Change [] Addition

200001814162

-05/09/96--01009--010

***200.00

[] Change [] Addition

5-1-96
OK

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 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:

Harnet Rubin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-22-96

Date

407 629

Daytime Phone #

4282

CR2E034 (12/95)