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PROFIT CORPORATION ANNUAL REPORT



ELORIDA DEPARTMENT OF STATE. Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT # P9200009896 (1)

| 1. Corporation Name TERRY ALLEN, INC.  |  |   |  |  |  |
|--|--|---|--|--|--|
| Principal Place of   | of Business  | Mailing Address   |  |  |  |
| 10850 SW 113<br>STE 206  | 3 PLACE  | 10850 SW 113 PLACE<br>STE 206   |  |  |  |
| MIAMI FL 33176   |  | MIAMI FL 33176  |  | 3. Date Incorporated or Qualified 3a. Date of Last Report                            |  |
| US   |  | US  |  | 12/08/1992   | 04/25/1995   |
| 2. Principal Plac  | ce of Business   | 2a, Mailing Address   |  | 4. FEI Number  | Applied For  |
| 21   |  | 26  | ,  | 65-0391531   | Not Applicable   |
| Suite, Apt. #.   | , etc  | Suite, Apt. #, etc.   |  | 5. Certificate of Status Desired   | \$8.75 Additional Fee Required   |
| 22   |  | 27  |  | 6. Election Campaign Financing   | \$5.00 May Be  |
| City & State   |  | City & State  |  | Trust Fund Contribution  | Added to Fees  |
| <b>23</b> }<br>Zip   | Country  | Ζφ  | Country  | 8. This corporation has liability for  |  |
| 24   | 25   | 29  | 30   | Florida Stalutes   | s □No  |
| E-1  | 9. Name and Address of Cu  |   |  | 10. Name and Address of New  | Registered Agent   |
|  | 11/21/1  |   | 81 NapA /  | CENTERRY   |  |
| ALEN, T  | EDDY/  |   | 82 Street Ado  | ress (P.G. Box Number is No), Accepta  | able)  |
|  | V 115 CT   |   | /052   | 1 SW 137# PU   | ACE  |
| UNIT #0  | X 10 01  |   | 83 40 / 6  | 5.7  |  |
|  | L 33173  |   | PA City  |  | FL 85 Zip Code 3319 6  |
|  |  |   |  | 110mi  | FL 👸 📆 🐧 🔖   |
| or registere   | ∍d agent or both, in the State of  | .0502 and 607.1508, Florida Statute<br>Floridal Such change was authoriz<br>Section 607.0505, Florida Statutes  | en ny me corporanon's boa  | pration submits this statement for the p<br>ard of directors. I hereby accept the ap | urpose of changing its registered dric<br>pointment as registered agent. I am  |
| or registere<br>familiar with<br>SIGNATURE   | ad agent, or both, in the State of<br>h, and accept the obligations of,<br>Sturarum typed or protect removal registers   | Floreda Such change was aumonal<br>Section 607,0505, Florida Statutes   | en ny me corporanon's boa  | art b: gliectors. Thereby accept the ap  | urpose of changing its registered offic pointment as registered agent. I am   DATE  FIGERS AND DIRECTORS IN 12           |
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4. Edo hereby certify that the information supplied with this single is voluntarily turnished and coost not quarry for the exemption stated in Section 1.19.076(kg), Fernal Stated and the time of the control indicated on this annual report or suppliemental annual report or 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 cooperation 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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-25-96

595-3332

Ваутене Реколе #