

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P94000002994 (9)**

1. Corporation Name
TERRAC TECHNOLOGIES, INC.



Principal Place of Business 1000 SOUTHERN BLVD SUITE 300 WEST PALM BEACH FL 33405	Mailing Address 1000 SOUTHERN BLVD SUITE 300 WEST PALM BEACH FL 33405-2493
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3. Date Incorporated or Qualified 01/06/1994	3a. Date of Last Report 05/01/1996
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2. Principal Place of Business 1201 U S Highway One	2a. Mailing Address 1201 U S Highway One
21. Suite, Apt. #, etc. Suite 305	26. Suite, Apt. #, etc. Suite 305
22. City & State North Palm Beach, FL	27. City & State North Palm Beach, FL
23. Zip 33408	28. Zip 33408
24. Country Palm Beach	29. Country Palm Beach

4. FEI Number 65-0480820	Applied For <input type="checkbox"/> Not Applicable
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5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
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6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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9. Name and Address of Current Registered Agent
**MCCRACKEN, JOHN B
505 S FLAGLER DR
SUITE 1100
WEST PALM BEACH FL 33402-3475**

10. Name and Address of New Registered Agent	
81. Name William G. Capko, Esq.	85. Zip Code 33480
82. Street Address (P.O. Box Number is Not Acceptable) c/o Edwards & Angell	
83. 250 Royal Palm Way, Suite 300	
84. City Palm Beach	85. Zip Code 33480

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:  **WILLIAM G. CAPKO** DATE: **4-29-97**

12. OFFICERS AND DIRECTORS

TITLE PSTD	NAME CARUSO, MICHAEL L	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 3468 CANAL CT	CITY-STATE-ZIP TEQUESTA FL	
TITLE D	NAME TOMEU, ENRIQUE A	<input checked="" type="checkbox"/> DELETE
STREET ADDRESS 1000 SOUTHERN BLVD SUITE 300	CITY-STATE-ZIP WEST PALM BEACH FL 33405	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-ZIP	
TITLE	NAME	<input type="checkbox"/> DELETE
STREET ADDRESS	CITY-STATE-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME Jose L. Rovenga	
1.3 STREET ADDRESS 1030 U S Highway Apt 311	
1.4 CITY-STATE-ZIP North Palm Beach, FL 33408	
2.1 TITLE Director/Secretary-Treasurer	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME Richard Rolland	
2.3 STREET ADDRESS 220 Venus St. Unit 13	
2.4 CITY-STATE-ZIP Jupiter, FL 33458	
3.1 TITLE Director	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME Tom Fox	
3.3 STREET ADDRESS 1030 U S Highway Apt 307	
3.4 CITY-STATE-ZIP North Palm Beach, FL 33408	
4.1 TITLE President	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME Daniel E. Hoobler	
4.3 STREET ADDRESS 1030 U S Hwy 1, Apt 104	
4.4 CITY-STATE-ZIP North Palm Beach, FL 33408	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-STATE-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-STATE-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:  **DANIEL E. HOOBLER** DATE: **4-29-97** TELEPHONE: **(661) 776-8778**

CR2E034 (9/96)