

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

**FILED**  
**Apr 30 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000022664 (4)**  
 1. Corporation Name  
**TERRA VISTA DEVELOPMENT CORP.**



Principal Place of Business <b>1384 HERITAGE ACRES BLVD ROCKLEDGE FL 32955 US</b>	Mailing Address <b>1384 HERITAGE ACRES BLVD ROCKLEDGE FL 32955 US</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <del>1384 US</del> Suite, Apt. #, etc.	2a. Mailing Address 26 <b>1384 US 1</b> Suite, Apt. #, etc.	3. Date Incorporated or Qualified <b>03/23/1994</b>	4. FEI Number <b>59-3304214</b>	Applied For Not Applicable
22 City & State 23 <b>Rockledge, FL</b>	27 City & State 28 <b>Rockledge, FL</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
24 Zip 25 <b>32955</b>	29 Zip 30 <b>USA</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No				

9. Name and Address of Current Registered Agent  
**BAR-NAVON, BOAZ**  
**1305 GEM CIRCLE**  
**ROCKLEDGE FL 32955**

10. Name and Address of New Registered Agent  
 81 Name **Nick N Rahal**  
 82 Street Address (P.O. Box Number is Not Acceptable)  
**1384 US 1**  
 83  
 84 City **Rockledge** **FL** 85 Zip Code **32955**

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 *Nick N Rahal* **NICK N RAHAL DPT** **4/23/98**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>DPT</b>	<input type="checkbox"/> DELETE
NAME	<b>RAHAL, NICK N</b>	
STREET ADDRESS	<b>1384 HERITAGE ACRES BLVD, SUITE A</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE	<b>DVS</b>	<input type="checkbox"/> DELETE
NAME	<b>BAR-NAVON, BOAZ</b>	
STREET ADDRESS	<b>1384 HERITAGE ACRES BLVD, SUITE A</b>	
CITY-ST-ZIP	<b>ROCKLEDGE FL 32955</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. I 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: *Nick N Rahal* **NICK N RAHAL** **4/23/98** **407-633-0440**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0110604

CR2E034 (10/97)