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

**PROFIT CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## **FILED** Apr 23 1998 8:00am Secretary of State

	TER MFG CO INC	10027997 (3)			
Principal Place	e of Business	Mailing Address	,	1 14011401 550 10111 41011 50111 40311 0	MILL BOTTO ALBEI SOOTE SECIE TESEL TOOL TO BE
1580 40TH TER SW UNIT F 1580 OTH TER SW UNI			*		
HAPLES FL 3	3999	NAPLES FL 33999	DO NOT WRITE IN THIS SPACE		
		, .		3. Date Incorporated or Qualified	
				04/11/1994	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
21		26 4914 1714 AVE S.W.		65-0480322	Not Applicable
Suite, Apt. #, etc.		Suite, Apt #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27		C. Communication Change Dodner	Fee Required
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
<b>23</b> Zip	Country	28 / / //// . [	Country	Trust Fund Contribution	Added to Fees
24	25		30	8. This corporation owes or has p Personal Property Tax due Jun	
241	9. Name and Address of Curr		301	10. Name and Address of New R	
FΩ	WARDS, DIAN M		81 Name	IAN M. EDWA	17.6
4700 A 7700 A 141 A				ess (P.O. Box Number is Not Accepta	· •
-1805-GR-051-SUITE-E				ose (i iei sex riemser le rier riesepte	
02				2071 ST. NE	
			84 City . \	asing it is	85 Zip Code
				AGICI	FL 34117
office or re	egistered agent, or both, in the Sta	ate of Florida. Such change was at	uthorized by the corporat	polation submits this statement for the ion's board of directors. I hereby according to the control of the cont	purpose of changing its registered   ept the appointment as registered
agent. La	m familiar with, and accept the ob	ligations of, Section 607.0505, Flor	rida Statutes.	•	,
SIGNATURE	Signature, typed or printed name of registered	nevert need to be if needles where	Registered Agent signature requir	and which rejectations	DATE
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	P nı	☐ DELETE	1.1 TITLE		Change Addition
NAME	LOPEZ, HEMÂN		1.2 NAME		
STREET ADDRESS	1580 SW 40 TERR #E		1.3 STREET ADDRESS		
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP		
TITLE	\$T	☐ DELETE	2.1 TITLE		Change Addition
NAME	LOPEZ, MAYDA S.		2.2 NAME		
STREET ADDRESS	1580 SW 40 TERR #E		2.3 STREET ADDRESS	•	
CITY-ST-ZIP	NAPLES FL	DELETE	2. 4 CHY- ST-ZIP 3.1 TITLE		Change Addition
NAME			3.7 TILE 3.2 NAME		En puringe En volution
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4 2 NAME		-
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5 1 TITLE		Change Addition
NAME			52 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		DELETE	54 C/TY-ST-ZIP		Change Addition
TITLE			61 TITLE		Change C Asokion
NAME OTREET ADDRESS			6.2 NAME		İ
STREET ADDRESS			6.3 STREET ADDRESS 6.4 CITY - ST - ZIP		
CITY-ST-ZIP	ertily that the information supplied	with this filing does not qualify for		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 occaving or trusted 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 an attachment with an autress.