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Feb 11 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P95000001035 (1)

1. Corporation Name  
TERAGRAM SERVICES, INC.



Principal Place of Business

6502 CONTEMPO LN  
BOCA RATON FL 33433

Mailing Address

6502 CONTEMPO LN  
BOCA RATON FL 33433-6635

3. Date Incorporated or Qualified 01/03/1995  
3a. Date of Last Report 06/17/1996

2. Principal Place of Business

21 4804 WOOD DUCK CIRCLE

2a. Mailing Address

26 4804 WOOD DUCK CIRCLE

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 VERO BEACH, FL

City & State

28 VERO BEACH, FL

Zip

Country

24 32967

25 U.S.A.

Zip

Country

29 32967

30 U.S.A.

4. FEI Number

65-0544905

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

☐

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

KOENIG, FREDERICK C  
6502 CONTEMPO LN  
BOCA RATON FL 33433

10. Name and Address of New Registered Agent

81 Name

SAME

82 Street Address (P.O. Box Number is Not Acceptable)

4804 WOOD DUCK CIRCLE

83

84 City

VERO BEACH

FL

85 Zip Code

32967

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

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 D ☐ DELETE

NAME KOENIG, FREDERICK C  
STREET ADDRESS 6502 CONTEMPO LN  
CITY-ST-ZIP BOCA RATON FL 33433

TITLE SD ☐ DELETE

NAME KOENIG, MARGARET R  
STREET ADDRESS 6502 CONTEMPO LN  
CITY-ST-ZIP BOCA RATON FL

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME KOENIG, FREDERICK C.  
1.3 STREET ADDRESS 4804 WOOD DUCK CIRCLE  
1.4 CITY-ST-ZIP VERO BEACH, FL 32967

2.1 TITLE SD ☒ Change ☐ Addition

2.2 NAME KOENIG, MARGARET R.  
2.3 STREET ADDRESS 4804 WOOD DUCK CIRCLE  
2.4 CITY-ST-ZIP VERO BEACH, FL 32967

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY-ST-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: Frederick C. Koenig FREDERICK C. KOENIG 2/4/97 (561)562-1102

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)