

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P95000067184 (8)

1. Corporation Name

GOLF TERRACE GENERAL PARTNER, INC.



Principal Place of Business  
%DARYL B CRAMER, P.A.  
250 AUSTRALIAN AVE SOUTH, SUITE 201  
WEST PALM BEACH FL 33401

Mailing Address  
%DARYL B CRAMER, P.A.  
250 AUSTRALIAN AVE SOUTH, SUITE 201  
WEST PALM BEACH FL 33401

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

3. Date Incorporated or Qualified  
08/30/1995

3a. Date of Last Report

4. FEI Number  
65-0627986

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

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

CRAMER, DARYL B  
%DARYL B CRAMER, P.A.  
250 AUSTRALIAN AVE SOUTH, SUITE 201  
WEST PALM BEACH FL 33401

81 Name  
DARYL B. CRAMER, P.A.

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

83 250 AUSTRALIAN AVE. SOUTH #201

84 City WEST PALM BEACH FL 85 Zip Code 33401

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 607.0508, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent, if applicable

DATE

7/4/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME MYERS, WILLIAM P  
STREET ADDRESS 9030 LESLIE STREET, SUITE 308  
CITY-ST-ZIP ONTARIO, CANADA L4B 1G2

TITLE ☐ DELETE

NAME STEEN, ROBERT J  
STREET ADDRESS 9030 LESLIE STREET, SUITE 308  
CITY-ST-ZIP ONTARIO, CANADA L4B 1G2

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 P/T/D ☐ Change ☒ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE V/S/D ☐ Change ☒ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 *William P Myers*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

+ 445-12156 (90) 892-7212  
Date Daytime Phone

CR2E034 (12/95)