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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

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 33401-5012

3. Date Incorporated or Qualified  
08/30/1995

3a. Date of Last Report  
04/27/1996

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

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

9. Name and Address of Current Registered Agent

CRAMER, DARYL B  
%DARYL B CRAMER, P.A.  
1 CLEARLAKE CEN. 250 AUSTRALIAN AV S. #201  
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name DARYL B. CRAMER, P.A.  
82 Street Address (P.O. Box Number is Not Acceptable)  
ONE CLEARLAKE CENTRE - SUITE 201  
83 250 AUSTRALIAN AVE SOUTH  
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 607.0505, 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 PTD ☐ DELETE

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

TITLE VSD ☒ 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 ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VSD  
2.3 STREET ADDRESS LUCCHESI, FABRIZIO  
2.4 CITY-ST-ZIP 9030 LESLIE STREET, SUITE 308  
ONTARIO, CANADA L4B 1G2

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:

CR2E034 (9/96)