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Apr 28 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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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**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**08/30/1995**

4. FEI Number

**65-0627986**

Applied For

Not Applicable

2. Principal Place of Business

2a. Mailing Address

**21 c/o Daryl B. Cramer, P.A.**

**26 c/o Daryl B. Cramer, P.A.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

**22 515 North Flagler Dr. #910**

**27 515 North Flagler Dr. #910**

City & State

City & State

**23 West Palm Beach, FL**

**28 West Palm Beach, FL**

Zip

Country

Zip

Country

**24 33401-4325**

**25 USA**

**29 33401-4325**

**30 USA**

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**CRAMER, DARYL B  
ONE CLEARLAKE CENTRE - SUITE 201  
250 AUSTRALIAN AVE SOUTH  
WEST PALM BEACH FL 33401**

81 Name

**Daryl B. Cramer, P.A.**

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

**515 North Flagler Drive**

83

**Suite 910**

84 City

**West Palm Beach**

**FL**

85 Zip Code

**33401-4325**

11. Pursuant to the provisions of Sections 607.002 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 the registered agent and file if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE ☐ DELETE

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

TITLE ☐ DELETE

**NAME VSD  
STREET ADDRESS LUCCHESI, FABRIZIO  
CITY-ST-ZIP 9030 LESLIE STREET, SUITE 308  
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**

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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:

**William P. Myers, President**

**4/20/98**

**905-888-1212**

CR2E034 (10/97)