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May 20 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P96000021631 (2)

1. Corporation Name

TERRACE HOTEL CORPORATION



DO NOT WRITE IN THIS SPACE

Principal Place of Business 100 E MAIN STREET LAKELAND FL 33801 US		Mailing Address 100 E MAIN STREET LAKELAND FL 33801 US	
2. Principal Place of Business		2a. Mailing Address	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.
22	City & State	27	City & State
23	Zip	28	Zip
24	Country	29	Country
9. Name and Address of Current Registered Agent ALLEN, PHILIP O 1701 SOUTH FLORIDA AVENUE LAKELAND FL 33803		10. Name and Address of New Registered Agent	
81 Name		82 Street Address (P.O. Box Number is Not Acceptable)	
83		84 City	
85 Zip Code		FL	

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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	HERMANS, JOSEF C	1.2 NAME	
STREET ADDRESS	2123 PECKHAM	1.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	
NAME	SCHARAR, ROBERT W	2.2 NAME	
STREET ADDRESS	1202 BRIARBROOK	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	2.4 CITY-ST-ZIP	
TITLE	VP	3.1 TITLE	
NAME	KEITH, RANDALL D	3.2 NAME	
STREET ADDRESS	1050 CHESHIRE	3.3 STREET ADDRESS	
CITY-ST-ZIP	HOUSTON TX	3.4 CITY-ST-ZIP	
TITLE	T	4.1 TITLE	
NAME	MESSER JR, ROBERT P	4.2 NAME	
STREET ADDRESS	1910 MISSION SPRGS	4.3 STREET ADDRESS	
CITY-ST-ZIP	KATY TX	4.4 CITY-ST-ZIP	
TITLE	DS	5.1 TITLE	
NAME	ALLEN, PHILIP O	5.2 NAME	
STREET ADDRESS	100 E MAIN STREET	5.3 STREET ADDRESS	
CITY-ST-ZIP	LAKELAND FL	5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 in an attachment with an address.

SIGNATURE \_\_\_\_\_ 4/24/98 (713) 781-2856

CP2E034 (10/97)