

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000008503 (9)
 1. Corporation Name
TERENA CORPORATION



Principal Place of Business 28050 U.S. HIGHWAY 19 NORTH SUITE 202 CLEARWATER FL 34621	Mailing Address P.O. BOX 260523 TAMPA FL 33685
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 11266 W. Hillsborough Ave Suite, Apt. #, etc. 22 Suite 239 City & State 23 Tampa, FL Zip 24 33635	2a. Mailing Address 26 11266 W. Hillsborough Ave. Suite, Apt. #, etc. 27 Suite 239 City & State 28 Tampa, FL Zip 29 33635	3. Date Incorporated or Qualified 01/23/1997	4. FEI Number 59-342441	Applied For <input type="checkbox"/> Not Applicable
Country 25 USA	Country 30 USA	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	7. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

g. Name and Address of Current Registered Agent

BUBLEY & BUBLEY, P.A.
3820 NORTHDAL BLVD.
SUITE 312B
TAMPA FL 33624

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	FL
85 Zip Code	

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 reinstalling) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARSON, BLAKE H	1.2 NAME	
STREET ADDRESS	12028 STEPPING STONE	1.3 STREET ADDRESS	12028 STEPPING STONE
CITY-ST-ZIP	TAMPA FL 33635	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DACOSTA, MICHAEL L	2.2 NAME	
STREET ADDRESS	8432 FALCON RIDGE	2.3 STREET ADDRESS	1609 HILLS OF RED DR #201
CITY-ST-ZIP	DIAMOND BAR CA 91785	2.4 CITY-ST-ZIP	LAS VEGAS, NV 89128
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GOLDMAN, TERRILL S	3.2 NAME	
STREET ADDRESS	P.O. BOX 260523	3.3 STREET ADDRESS	
CITY-ST-ZIP	TAMPA FL 33685	3.4 CITY-ST-ZIP	
TITLE	D <input checked="" type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	KANSTOROOM, DAVID A	4.2 NAME	D
STREET ADDRESS	28050 US HWY 19 NORTH SUITE 202	4.3 STREET ADDRESS	JOEL WALTERS
CITY-ST-ZIP	CLEARWATER FL 34621	4.4 CITY-ST-ZIP	584 CUTTER LN.
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SAWYERS, RENA G	5.2 NAME	
STREET ADDRESS	613 THOMPSON DRIVE	5.3 STREET ADDRESS	
CITY-ST-ZIP	COPPELL TX 75019	5.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KALLISH, MICHAEL S	6.2 NAME	
STREET ADDRESS	10009 KRESSON ROAD	6.3 STREET ADDRESS	
CITY-ST-ZIP	CHERRY HILL NJ 08003	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: *Terrill S. Goldman* 4-15-98 815-818-7227

CR2E084 (10/97)