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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name

P97000054926 (5)

TERRY JOHNSON CO.

Principal Place	of Business	Mailing A	Address						
299 NW 91 AVE 299 NW 91 AVE									
CORAL SPRINGS FL 33071			CORAL SPRINGS FL 33071				DO NOT WRITE IN THIS SPACE		
}							3. Date Incorporated or Qualified	SPACE.	
							06/23/1997		
2. Principal P	ace of Business	2a. Mailir	ng Address				4. FEI Number	A	Applied For
21		26					65-0762919	⊢	ot Applicable
Suite, Apt.	#, etc.	Suite,	Sulte, Apt. #, etc.				5. Certificate of Status Desired		Additional
22		27					5, Certificate of Status Desired	Fee F	Required
City & State		— ·	City & State				6. Election Campaign Financing		May Be
23 Zin	Country	28	<u></u> - 1	Cour			Trust Fund Contribution		to Fees
Zip 24	Country 25	Zip 29	ŀ	30	шу		This corporation owes or has paid the cu Personal Property Tax due June 30.		ntangible No
24)	9. Name and Address of Curre			[30]			10. Name and Address of New Registered		ZQ NO
.14	OHNSON, TERRY		-Te		81	Name			
299 NW 91 AVE					82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	ORAL SPRINGS FL 33071			Ľ		ON COLL FAGGE	(.c. Bex Hamber to Het Acceptable)		
				[1	83			_	
				l,	84	City		85 Zip	Code
						-	FL	.	
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applica	itile (NOTE	Hogistered			oration submits this statement for the purpose of on's board of directors. I hereby accept the application of the purpose of		
12.	PD OFFICERS AN	ND DIRECTORS	DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	D DIRECTO Change	
TITLE NAME	JOHNSON, TERRY		DOLLETE	1.1 TITU 1.2 NAM				L Change	
STREET ADDRESS	299 NW 91 AVE					ADDRESS			
CITY-ST-ZIP	CORAL SPRINGS FL 3307	1		1.4 0(1)					
TITLE	OFFICE OFFICE OFF				2.1 TITLE			Change	Addition
NAME				2.2 NAA	ME	Ì			
STREET ADDRESS				2.3 STR	REET A	ADDRESS			
CITY-ST-ZIP				2. 4 CIT	TY-\$1	r- ZIP			
TITLE			DELETE	3.1 TITE	LE			☐ Change	Addition
NAME				3.2 NAN	ME				
STREET ADDRESS				3.3 STR	REET A	ADDRESS			}
CITY-ST-ZIP			T course	3.4. CIT		r- ZIP			
TITLE			DELETE	4.1 THT(Change	☐ Addition
NAME				4 2 NA					
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP TITLE		· ———————	DELETE	4.4 CITY 5.1 TITL	_	· LIP		Change	Addition
NAME			and December	5.2 NAM		-		Oliverido.	
STREET ADDRESS						ADDRESS			
CITY-ST-ZIP				5.4 CITY		ľ			
TITLE			DELETE	6.1 TITU				Change	Addition

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 suppliemental 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.

6.3 STREET ADDRESS

SIGNATURE:

STREET ADDRESS

Any John

4/27/9

954 645-3068

FILED

May 04 1998 8:00am

Secretary of State

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