

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

FILED

**Apr 29 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 # P97000094634 (7)
1. Corporation Name
TERRAMAR REALTY HOLDINGS, INC.



| | |
|---|---|
| Principal Place of Business 555 SOUTH FEDERAL HWY. 3RD FL BOCA RATON FL 33432 | Mailing Address 555 SOUTH FEDERAL HWY. 3RD FL BOCA RATON FL 33432 |
|---|---|

DO NOT WRITE IN THIS SPACE

| | |
|--|--|
| 2. Principal Place of Business | 2a. Mailing Address |
| 21 855 S. Federal Hwy | 26 855 S. Federal Hwy |
| 22 Suite, Apt. #, etc. 111 | 27 Suite, Apt. #, etc. 111 |
| 23 City & State Boca Raton, FL | 28 City & State Boca Raton, FL |
| 24 Zip 33432 | 29 Zip 33432 |
| 25 Country USA | 30 Country USA |

| | |
|---|--|
| 3. Date Incorporated or Qualified 11/03/1997 | |
| 4. FEI Number 65-0815148 | Applied For <input type="checkbox"/> Not Applicable |
| 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 |
| 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No | |

9. Name and Address of Current Registered Agent

**KIRSCHNER, MITCHELL B
2101 CORPORATE BLVD, SUITE 300
BOCA RATON FL 33431**

10. Name and Address of New Registered Agent

| |
|--|
| 81 Name King, James P. |
| 82 Street Address (P.O. Box Number is Not Acceptable) 855 S. Federal Hwy |
| 83 Suite 111 |
| 84 City Boca Raton |
| 85 Zip Code FL 33432 |

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 _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---|---|--------------------|
| TITLE | PTD | <input type="checkbox"/> DELETE | 1.1 TITLE |
| NAME | KING, JAMES | | 1.2 NAME |
| STREET ADDRESS | 855 SOUTH FEDERAL HWY, SUITE 111 | | 1.3 STREET ADDRESS |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 1.4 CITY-ST-ZIP |
| TITLE | VSD | <input type="checkbox"/> DELETE | 2.1 TITLE |
| NAME | NEWMAN, FREDERIC D | | 2.2 NAME |
| STREET ADDRESS | 555 SOUTH FEDERAL HWY, 3RD FL | | 2.3 STREET ADDRESS |
| CITY-ST-ZIP | BOCA RATON FL 33432 | | 2.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 3.1 TITLE |
| NAME | | | 3.2 NAME |
| STREET ADDRESS | | | 3.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 3.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 4.1 TITLE |
| NAME | | | 4.2 NAME |
| STREET ADDRESS | | | 4.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 4.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 5.1 TITLE |
| NAME | | | 5.2 NAME |
| STREET ADDRESS | | | 5.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 5.4 CITY-ST-ZIP |
| TITLE | | <input type="checkbox"/> DELETE | 6.1 TITLE |
| NAME | | | 6.2 NAME |
| STREET ADDRESS | | | 6.3 STREET ADDRESS |
| CITY-ST-ZIP | | | 6.4 CITY-ST-ZIP |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|--|
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
| <input type="checkbox"/> Change <input type="checkbox"/> Addition | |
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| <input type="checkbox"/> Change <input type="checkbox"/> 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 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 _____ DATE **4/24/98** **571-212-7820**

CP2E034 (10/97)