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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## Feb 23, 1999 8:00 am Secretary of State

02-23-1999 90011 049 \*\*\*150.00

DOCUMENT #	P98000028846
Corporation Name	,

TERRACE OCEANSIDE, INC.

Principal Place	e of Business	Mailing Address			• •		
3311 SW 58TH	STREET	3311 SW 58TH STREET					
FORT LAUDERD	DALE FL 33312	FORT LAUDERDALE FL 33312		DO NOT WRITE IN THIS	COACE		
						SOFACE	
					3. Date Incorporated or Qualifed		
					03/27/1998		
2. Principal P	lace of Business	2a. Mailing Address		$\mathcal{D}^{\mathbf{r}}$	4. FEI Number 52 - 209 9610	h	plied For
21 1	960 S. OCCAN Dr	26 1960 S C	C-CAP	<u>ν</u> ι.	52-209 7010		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	\$8.75 / Fee Re	
City & Stat	MANDALE, FL	City & State  28 HALLAND A	de, 1	a	6. Election Campaign Financing  Trust Fund Contribution	\$5.00 Added_	May Be to Fees
Zip 24 33 e c	Country	Zip 29 33009 31	Country	,	This corporation owes the current year In Personal Property Tax.	itangiblø ∐Yes	ĭXNo_
	9. Name and Address of Curren	t Registered Agent	· [		10. Name and Address of New Registered	Agent	
			81	Name	:		
	MAN, STEVEN		82	Stroot Add	dress (P.O. Box Number is Not Acceptable)		
3311	SW 58TH STREET		102	Street Aut	dress (P.O. Bux Number is Not Acceptable)		
FOR	T LAUDERDALE FL 33312		83		<del></del>		
						15-1 7:	
			84	City	Fi	85 Zip (	Code ·
agent. I a SIGNATURE	m familiar with, and accept the obligat	tions of, Section 607.0505, Florid	a Statutes	<b>5.</b> 	tion's board of directors. I hereby accept the appointment of the property of		<del>_</del>
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS A	ND DIRECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 TITLE			Change	☐ Additior
NAME	NEWMAN, STEVEN		1.2 NAME				
STREET ADDRESS	3311 SW 58TH STREET		1.3 STREE	TADDRESS			
CITY-ST-ZIP	FORT LAUDERDALE FL 33312		1.4 CITY-S	J			
TITLE	TOTAL DIODEROVILLE TE SOUTE	☐ DELETE	2.1 TITLE	····		Change	Addition
NAME			2.2 NAME				
STREET ADDRESS				TADORESS	•		
				1			
CITY-ST-ZIP		☐ DELETE	2.4 CITY-ST-ZIP 3.1 TITLE			☐ Change	Addition
NAME			3.2 NAME				•
STREET ADDRESS				TADORESS			
			3.4. CITY-1				
CITY-ST-ZIP		☐ DELETE	4,1 TITLE	or-ZIP		☐ Change	Addition
TITLE		_ >====================================	4.1 IIILL 4.2 NAME				_
NAME				ļ			
STREET ADDRESS			4.3 STREE	T ADDRESS			

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, with all other like empowered.

4.4 CITY-ST-ZIP

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

62 NAME

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

954-454-9444

Change

Change

Addition

Addition