


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

**FILED**  
**May 07, 1999 8:00 am**  
**Secretary of State**

05-07-1999 90126 021 \*\*\*150.00

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000092138</b>					
1. Corporation Name <b>TERRA ENTERPRISES, INC.</b>					
Principal Place of Business <b>211 HEDDEN COURT OZONA FL 34660</b>			Mailing Address <b>211 HEDDEN COURT OZONA FL 34660</b>		
2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified <b>10/27/1998</b>	
21		26		4. FEI Number Applied For Not Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
22		27		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b>	
City & State		City & State		8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
23		28			
Zip	Country	Zip	Country		
24	25	29	30		
9. Name and Address of Current Registered Agent <b>BURKE, ROBERT C JR. 28059 U.S. HIGHWAY 19 NORTH SUITE 100 CLEARWATER FL 33761</b>				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 _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME		1.1 TITLE	1.2 NAME	
	STREET ADDRESS		1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	
	CITY-ST-ZIP		2.1 TITLE	2.2 NAME	
	STREET ADDRESS		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP	
	CITY-ST-ZIP		3.1 TITLE	3.2 NAME	
	STREET ADDRESS		3.3 STREET ADDRESS	3.4 CITY-ST-ZIP	
	CITY-ST-ZIP		4.1 TITLE	4.2 NAME	
	STREET ADDRESS		4.3 STREET ADDRESS	4.4 CITY-ST-ZIP	
	CITY-ST-ZIP		5.1 TITLE	5.2 NAME	
	STREET ADDRESS		5.3 STREET ADDRESS	5.4 CITY-ST-ZIP	
	CITY-ST-ZIP		6.1 TITLE	6.2 NAME	
	STREET ADDRESS		6.3 STREET ADDRESS	6.4 CITY-ST-ZIP	
	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.

**SIGNATURE**  **Salvatore Mangime** 4-29-99 737 7859575  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)