SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
96 AUG 23 PM 3:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V39321 (7)

1. Corporation Name
TERRAPIN MANAGEMENT COMPANY

Principal Place of Business	Mailing Address
~~901 DOUGLAS AVENUE~~ ~~SUITE 102~~ ~~ALTAMONTE SPRINGS FL 32712~~ ~~US~~	~~901 DOUGLAS AVENUE~~ ~~SUITE 102~~ ~~ALTAMONTE SPRINGS FL 32712~~ ~~US~~

3. Date Incorporated or Qualified: 05/26/1992
3a. Date of Last Report: 08/11/1995

2. Principal Place of Business
21: 225 SOUTH WESTMONTE DRIVE
22 Suite, Apt #, etc.: SUITE 2050
23 City & State: ALTAMONTE SPRINGS FLORIDA
24 Zip: 32714 25 Country:

2a. Mailing Address
26: 225 SOUTH WESTMONTE DRIVE
27 Suite, Apt #, etc.: SUITE 2050
28 City & State: ALTAMONTE SPRINGS FLORIDA
29 Zip: 32714 30 Country:

4. FEI Number: 59-3128052 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
FREILICH, IRA
~~901 DOUGLAS AVENUE~~
~~SUITE 102~~
ALTAMONTE SPRINGS FL 32714
ADDRESS CHANGE ONLY →

10. Name and Address of New Registered Agent
81 Name
82 Street Address (P.O. Box Number is Not Acceptable): 225 SOUTH WESTMONTE DRIVE
83: SUITE 2050
84 City: ALTAMONTE SPRINGS FL 85 Zip Code: 32714

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: _____ 8/2/96
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 / STREET ADDRESS / CITY-ST-ZIP	P FREILICH, IRA ~~901 DOUGLAS AVE SUITE 102~~ ADDRESS CHANGE → ALTAMONTE SPRINGS FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	☒ Change ☐ Addition 225 SOUTH WESTMONTE DRIVE #2050
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	800001[illegible] -08/27/96--01144--003 ****225.00 ****225.00
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP	☐ Change ☐ Addition

CR2E034 (3/96)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ IRA FREILICH PRESIDENT 8/2/96 (407) 682-2957
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #