

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

**FILED**  
**May 13 1997 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # 800468 (1)**

1. Corporation Name  
**TURNER CONSTRUCTION COMPANY**



Principal Place of Business <b>375 HUDSON STREET                  NEW YORK NY 10014</b>	Mailing Address <b>375 HUDSON STREET                  NEW YORK NY 10014-9658</b>
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25.	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30.
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3. Date Incorporated or Qualified <b>01/11/1913</b>	3a. Date of Last Report <b>05/01/1996</b>
4. FEI Number <b>13-1401980</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**CT CORPORATION SYSTEM  
 1200 S. PINE ISLAND ROAD  
 PLANTATION FL 33324**

10. Name and Address of New Registered Agent

B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City  
**FL** B5 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 \_\_\_\_\_ 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	<b>C</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE <b>C/O</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<b>MCNEILL, ALFRED T.</b>	1.2 NAME <b>Gravette, Jr, Ellis T.</b>
STREET ADDRESS	<b>375 HUDSON ST</b>	1.3 STREET ADDRESS <b>375 Hudson Street</b>
CITY-ST-ZIP	<b>NEW YORK, NY.</b>	1.4 CITY-ST-ZIP <b>New York, NY 10014</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE	2.1 TITLE <b>D/P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>PARMELEE, H.J.</b>	2.2 NAME
STREET ADDRESS	<b>375 HUDSON ST</b>	2.3 STREET ADDRESS
CITY-ST-ZIP	<b>NEW YORK, NY.</b>	2.4 CITY-ST-ZIP
TITLE	<b>VC</b> <input type="checkbox"/> DELETE	3.1 TITLE <b>V</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>BREU, ANTHONY C.</b>	3.2 NAME
STREET ADDRESS	<b>375 HUDSON ST.</b>	3.3 STREET ADDRESS
CITY-ST-ZIP	<b>NEW YORK NY</b>	3.4 CITY-ST-ZIP
TITLE	<b>VS</b> <input type="checkbox"/> DELETE	4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SARA, GOZO J.</b>	4.2 NAME
STREET ADDRESS	<b>375 HUDSON ST.</b>	4.3 STREET ADDRESS
CITY-ST-ZIP	<b>NEW YORK NY</b>	4.4 CITY-ST-ZIP
TITLE	<b>VT</b> <input type="checkbox"/> DELETE	5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SLEEMAN, DONALD G</b>	5.2 NAME
STREET ADDRESS	<b>C/O THE TURNER CORP. 375 HUDSON ST.</b>	5.3 STREET ADDRESS
CITY-ST-ZIP	<b>NEW YORK NY</b>	5.4 CITY-ST-ZIP
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE <b>V/D</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		6.2 NAME <b>Fee, Robert E.</b>
STREET ADDRESS		6.3 STREET ADDRESS <b>375 Hudson Street</b>
CITY-ST-ZIP		6.4 CITY-ST-ZIP <b>New York, NY 10014</b>

14. I do 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: *Donald G. Sleeman* **Donald G. Sleeman CEO** 412-2187 (212) 228-6000

CR2E034 (9/96)