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

NAME

STREET ADDRESS

SIGNATURE:

Apr 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # G32635 (6)TURTLE SOUTHEAST, INC. Principal Place of Business Mailing Address 12570 E6TH ST N POST OFFICE BOX 198 LARGO FL 34643 PINELLAS PARK FL 34664 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 04/11/1983 2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For 59-2272177 21 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional X 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. A Yes No 25 24 29 30 Personal Property Tax due June 30. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name DAVID G. ANDO 12570 66TH STREET, NORTH 62 Street Address (P.O. Box Number is Not Acceptable) **LARGO FL 34843** 83 City 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, typied or printed carbo of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELLTE TITLE Change Addition NAME MORGAN, VIRGINIA T. 1.2 NAME 1860 82ND AVENUE SOUTH STREET ADDRESS 1.3 STREET ADDRESS ST PETERSBURG FL CITY - ST - ZIP 1.4 CITY - ST - ZIP Change DELETE 2.1 TIFLE Addition TITLE NAME ANDO, CARMEN S. 2.2 NAME STREET ADDRESS 3697 42ND WAY S. APT 60A 2.3 STREET ADDRESS CITY-ST-ZIP ST PETERSBURG FL 2. 4 CITY - ST - ZIP DELETE Change Addition THILF PN 3.1 TITLE ANDO, DAVID NAME 3.2 NAME 6892 122ND AV N STREET ADDRESS 3.3 STREFT ADDRESS LARGO FL CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE __ Addition TITLE 4.1 TITLE **VSD** ANDO, THOMAS G NAME 4.2 NAME ANDO, THOMAS G STREET ADORESS 4712 41ST STREET S 4.3 STREET ADDRESS 4712 41ST STREET SOUTH ST PETE FL CITY-ST-ZIP 4.4 CITY - ST - ZIP ST PETERSBURG, FL. Change DELETE Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - ST-ZIE DELETE Change ___ Addition TITLE 61 TITLE

> 6.2 NAME 6.3 STREET ADDRESS

14. Thereby 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.

FILED

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