

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **P93000049739 (4)**

1. Corporation Name

**TURNKEY CONSULTANTS/NEEDLE TRADES CO.**



Principal Place of Business

Mailing Address

303 GENOA RD  
ST. AUGUSTINE FL 32095  
US

303 GENOA RD.  
ST. AUGUSTINE FL 32095  
US

3. Date Incorporated or Qualified **07/09/1993** 3a. Date of Last Report **04/28/1995**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

25 Country

28 Zip

30 Country

4. FEI Number **59-3197236** 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

10. Name and Address of New Registered Agent

**DI MUZIO, SAMUEL**  
**303 GENOA WAY**  
**ST. AUGUSTINE FL 32095**

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 the date of signature

Printed Name and Address of New Registered Agent

DATE

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY - ST - ZIP	<input type="checkbox"/> DELETE
P	<b>DI MUZIO, SAMUEL P.</b>	<b>303 GENOA RD</b>	<b>ST. AUGUSTINE FL</b>	<input type="checkbox"/>
VP	<b>PATRICIA B. DIMUZIO</b>	<b>303 GENOA RD</b>	<b>ST. AUGUSTINE FL</b>	<input type="checkbox"/>
VP	<b>ROSE DIMUZIO</b>	<b>303 GENOA RD.</b>	<b>ST AUGUSTINE FL</b>	<input type="checkbox"/>
S	<b>JEANNE DIMUZIO</b>	<b>303 GENOA RD.</b>	<b>ST. AUGUSTINE FL</b>	<input type="checkbox"/>
VP	<b>VERA DIMUZIO</b>	<b>303 GENOA RD.</b>	<b>ST AUGUSTINE FL</b>	<input type="checkbox"/>
VP.	<b>Louis D</b>			<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
	<b>DIMUZIO, Samuel</b>			<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
	<b>Vice President Louis DIMUZIO</b>	<b>303 Genoa Rd.</b>	<b>St Augustine, FL 32095</b>	<input checked="" type="checkbox"/>

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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *Samuel P. Di Muzio*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**4/25/96** **904 826 1876**  
DATE OF FILING

CR2E034 (12/95)