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

CORPORATION
ANNUAL REPORT
**1995**

FLORIDA DEPARTMENT OF STATE
SUNDA B. MORTON
SECRETARY OF STATE
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 MAY -1 AM 8:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **566659** **(9)**

1. Corporate Name
**TURNER - HORODOWICH, INC.**

Principal Place of Business
8245 N.W. 93RD ST.
MEDLEY FL 33166

Mailing Address
8245 N.W. 93RD ST.
MEDLEY FL 33166

DO NOT WRITE IN THIS SPACE

3. Date Incorporated / Qualified: 03/01/1978
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business
21

2a. Mailing Address
26

Suite, Apt. #, etc.
22

Suite, Apt. #, etc.
27

City & State
23

City & State
28

Zip
24

County
25

Zip
29

County
30

4. FEI Number: 59-1806775
Applied For
Not Applicable

5. Certificate of Status Desired: XX **$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution: [ ] **$5.00** May Be Added to Fees

8. This corporation has ability to indemnify as under S. 607.0850, Florida Statutes: XX Yes [ ] No

9. Name and Address of Current Registered Agent

TURNER, RICHARD
14865 N SPUR DR
N MIAMI FL

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 607.0501 and 607.0505, 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 Sections 607.0501, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

| | |
|---|---|
| TITLE | P |
| NAME | TURNER, RICHARD E |
| STREET ADDRESS | 14865 SPUR DR. |
| CITY, ST, ZIP | N MIAMI, FL 00000 |
| TITLE | V |
| NAME | ERRICKSON SPENCER P. |
| STREET ADDRESS | 19753 N.W. 61 AVENUE |
| CITY, ST, ZIP | MIAMI FL |

13. ADDITIONS, CHANGES TO OFFICERS AND DIRECTORS (Type or Print)

[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this report is complete, accurate and has not greatly for the purpose of satisfying Section 607.0501, Florida Statutes. I further certify that the information contained in the annual report or supplemental annual report is true and correct and that the corporation has complied with all provisions of Chapter 607, Florida Statutes, pertaining to the preparation of the report or supplement. I understand that the signature below, when signed, shall be deemed to be an affirmation under oath.

SIGNATURE: RICHARD E. TURNER, PRESIDENT 4/26/95 (305) 884-0101
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

0181656 CP