

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

PROFIT CORPORATION
ANNUAL REPORT
1996



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 SEP -9 AM 10:04

DOCUMENT # **566659** (9)
1. Corporation 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**

3. Date Incorporated or Qualified **03/01/1978** 3a. Date of Last Report **05/01/1995**
4. FEI Number **59-1806775** 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. 193.032, Florida Statutes Yes No

2. Principal Place of Business
21 **14865 N. Spur Drive**
Suite, Apt. #, etc.
22
City & State
23 **N. Miami, FL**
Zip Country
24 **33161 USA** 25
2a. Mailing Address
26 **P.O. Box 640159**
Suite, Apt. #, etc.
27
City & State
28 **Miami, FL**
Zip Country
29 **33164-0159 USA** 30

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 607.0602 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 607.0508, Florida Statutes.

SIGNATURE _____

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TURNER, RICHARD E	
STREET ADDRESS	14865 SPUR DR.	
CITY - ST - ZIP	N MIAMI, FL 00000	
TITLE	V	<input type="checkbox"/> DELETE
NAME	ERRICKSON SPENCER P.	
STREET ADDRESS	19753 N.W. 61 AVENUE	
CITY - ST - ZIP	MIAMI FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	300001951793
2.3 STREET ADDRESS	-09/19/96--01063--010
2.4 CITY - ST - ZIP	****208.75 ****208.75
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	300001951793
3.3 STREET ADDRESS	-09/19/96--01063--011
3.4 CITY - ST - ZIP	****175.00 ****175.00
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

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: *Richard E. Turner* Richard E. Turner, President **9/5/96** (305)-949-7505
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)