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FILED
Apr 28 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # 572311 (9)
1. Corporation Name
TURNER POINT LANDING, INC.



Principal Place of Business Mailing Address
1315 S. HOWARD 1315 S. HOWARD
102 102
TAMPA FL 33606-3124 TAMPA FL 33606-3124
US US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21	1315 So. Howard Ave	27	1315 So Howard Ave
22	Suite, Apt. #, etc. 201	28	Suite, Apt. #, etc. 201
23	City & State Tampa, FL	29	City & State Tampa, FL
24	Zip 33606	30	Zip 33606
25	Country USA	31	Country USA

3. Date Incorporated or Qualified	
05/18/1978	
4. FEI Number	Applied For
59-1831856	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 owes or has paid the current year Intangible Personal Property Tax due June 30.	
<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
HARRIS, KATHERINE 1315 SO. HOWARD AVE. TAMPA FL 33606		81 Name Pamela E. Henz 82 Street Address (P.O. Box Number is Not Applicable) 2807 W. PLATT ST. 83 84 City Tampa FL 85 Zip Code 33609	

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 *Pamela E. Henz* (NOTE: Registered agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PO	1.1 TITLE	5.1 TITLE
NAME	HARRIS, ELDEN D.	1.2 NAME	5.2 NAME
STREET ADDRESS	1315 SO. HOWARD AVE.	1.3 STREET ADDRESS	5.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	1.4 CITY-ST-ZIP	5.4 CITY-ST-ZIP
TITLE	D	2.1 TITLE	6.1 TITLE
NAME	HARRIS, KATHERINE	2.2 NAME	6.2 NAME
STREET ADDRESS	1315 SO. HOWARD AVE.	2.3 STREET ADDRESS	6.3 STREET ADDRESS
CITY-ST-ZIP	TAMPA FL	2.4 CITY-ST-ZIP	6.4 CITY-ST-ZIP
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 *Pamela E. Henz* 4/10/98 (813) 51-8080

CR2E034 (10/97)