


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

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May 15 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997				FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # 622573 (4) 1. Corporation Name THE PURPLE TURTLE, INC.					
Principal Place of Business 777 S. FLAGLER DR. STE 1101 WEST PALM BEACH FL 33401			Mailing Address 777 S. FLAGLER DR. STE 1101 WEST PALM BEACH FL 33401-6161		
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country		3. Date Incorporated or Qualified 05/22/1979 3a. Date of Last Report 04/17/1996 4. FEI Number 59-1911829 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent BACHOVE, CRAIG M. C/O THE GOODMAN COMPANY W. PALM BCH. FL 33401			10. Name and Address of New Registered Agent 81 Name GARRY L. WITT 82 Street Address (P.O. Box Number is Not Acceptable) 777 S. FLAGLER DRIVE 83 SUITE 1101E 84 City WEST PALM BEACH FL 85 Zip Code 33401		
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 <i>[Signature]</i> GARRY L. WITT DATE 4/30/97 <small>Signature, typed or printed name of registered agent and title, if applicable. (NOTE: Registered agent signature required when reinstating.)</small>					
12. OFFICERS AND DIRECTORS TITLE VS NAME GEIST, MINNIE S <input type="checkbox"/> DELETE STREET ADDRESS 777 S FLAGLER DR #1101 CITY-ST-ZIP WEST PALM BCH FL TITLE PTD NAME GOODMAN, JOAN M <input type="checkbox"/> DELETE STREET ADDRESS 777 S FLAGLER DR #1101 CITY-ST-ZIP WEST PALM BCH FL TITLE V <input checked="" type="checkbox"/> DELETE NAME BACHOVE, CRAIG M STREET ADDRESS 777 S FLAGLER DR #1101 CITY-ST-ZIP WEST PALM BCH FL			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 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 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 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: <i>[Signature]</i> MINNIE S. GEIST DATE 4/30/97 (S61) 833-3777 <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>					



CR2E034 (9/96)