

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

DOCUMENT # **678316** (1)

1. Corporation Name
TURNBERRY REALTY CORP.



Principal Place of Business: **19735 TURNBERRY WAY N MIAMI BEACH FL 33180**
 Mailing Address: **19735 TURNBERRY WAY N MIAMI BEACH FL 33180**

3. Date Incorporated or Qualified: **07/11/1980**
 3a. Date of Last Report: **04/28/1995**
 4. FEI Number: **59-2025568**
 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

2. Principal Place of Business: 21, 22, 23, 24
 2a. Mailing Address: 26, 27, 28, 29
 Suite, Apt. #, etc.:
 City & State:
 Zip: Country:

9. Name and Address of Current Registered Agent **10. Name and Address of New Registered Agent**

**PARELLO, R J
 2875 191 STREET
 SUITE 400
 AVENTURA FL 33180**

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 _____ DATE _____
(NOTE: Registered Agent signature required when reinstating)

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|--|
| TITLE | <input type="checkbox"/> DELETE | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | T BERLIN, GEORGE J. | 1.2 NAME | |
| STREET ADDRESS | 19735 TURNBERRY WAY | 1.3 STREET ADDRESS | |
| CITY - ST - ZIP | N MIAMI BCH, FL 00000 | 1.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 2.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | PVS COOPER, KATHLEEN | 2.2 NAME | PVS JAMES JOSEPH RUMPZA |
| STREET ADDRESS | 19735 TURNBERRY WAY | 2.3 STREET ADDRESS | 19735 TURNBERRY WAY |
| CITY - ST - ZIP | AVENTURA FL | 2.4 CITY - ST - ZIP | AVENTURA, FL 33180 |
| TITLE | <input type="checkbox"/> DELETE | 3.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | D COOPER, KATHLEEN | 3.2 NAME | D JAMES JOSEPH RUMPZA |
| STREET ADDRESS | 19735 TURNBERRY WAY | 3.3 STREET ADDRESS | 19735 TURNBERRY WAY |
| CITY - ST - ZIP | AVENTURA FL | 3.4 CITY - ST - ZIP | AVENTURA, FL 33180 |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 4.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 5.4 CITY - ST - ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY - ST - ZIP | | 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 **R.J. PARELLO** Date _____
 SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)