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PROFIT CORPORATION ANNUAL REPORT

1997

SIGNATURE:



FLORIDA DEPARTMENT OF STATE

FILED

Jan 22 1997 8:00am

Secretary of State

Daytime Phone #

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1. Corporation	TURF ENTERPRISES, INC. e of Business AL HWY.	Mailing Address 3333 N. FEDERAL HWY. BOCA RATON FL 33431-60	94				
					3. Date Incorporated or Qualified 09/17/1982	3a. Date of Las 02/05/1996	•
2. Principal Pl.	ace of Business	2a. Mailing Address		÷	4. FEI Number 59-2220680	} +	Applied For Not Applicable
Suite, Apt	#, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired	□ \$8.79	5 Additional Required
City & State	1	City & State		,, ,, ,, , , , , , , , , , , , , , , ,	6. Election Campaign Financing		May Be
Zip	Country	28	Country		Trust Fund Contribution 8. This corporation has liability for it	ntangible tax unde	ed to Fees rs. 199.032,
24	25 g. Name and Address of Current		30]		Florida Statutes L 10. Name and Address of New Rec	Yes No	
CDA	NT, JOHN A. JR.	Hedistated Adellt	81	Name	10. Hame and Addiese of New Ye	Bigraren villetir	
	B N. FEDERAL HWY.		00	Charles & Address	(D.C. Dan Market No.	1-1	
	A RATON FL 33431		82	Street Addit	ess (P.O. Box Number is Not Acceptab	ile)	
			83	******			
			84	City		lee 7	ip Code
				-		FL. **	•
11. Pursuant to office or re agent. Lar	o the provisions of Sections 607.0502 egistered agent, or both, in the State on Infamiliar with, and accept the obligation	and 607.1508, Florida Statute of Florida Such change was a ions of, Section 607.0505, Flo	es, the above uthorized by rida Statutes	named corp the corporati	oration submits this statement for the p on's board of directors. I hereby accep	urpose of changing of the appointment	j its registered as registered
SIGNATURE							
	Signature, typed or printed name of registered agen			nt signature require	ed when reinstating)	DATE	
12.	OFFICERS AND	DELETE	13. 1.1 TITLE		ADDITIONS/CHANGES TO OFFIC	Chang	
NAME	GRANT, JOHN A. JR.		1.2 NAME			<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
STREET ADDRESS	3333 NORTH FED HWY		1.3 STREET ADDRESS				
CITY-ST-ZIP	BOCA RATON, FL 00000		1.4 CATY-ST	-ZIP			
TITLE		DELETE	2.1 TITLE			Chang	e Addition
NAME			2.2 NAME		•		
STREET ADDRESS			2.3 STREET	ADDRESS			
CITY-ST-ZIP				T-ZIP			
THTLE			31 TITLE			∐ Chang	ge Addition
NAME			3.2 NAME				
STREET ADDRESS			33 STREET	1			
CITY-ST-ZIP TITLE		DELETE	3.4. CITY - S	T-ZIP		Chang	ge
NAME		Doctor	4. 2 NAME			السان ال	,o
STREET ADDRESS			4.3 STREET	ADDRESS			
CITY - ST - ZIP			4.4 CITY - S1	· · · · · · · · · · · · · · · · · · ·			
TITLE		DELETE	51 TITLE			☐ Chang	ge Addition
NAME			52 NAME				
STREET ADDRESS			53 STREET	address			
CITY - ST - ZIP			54 CITY-SI	r-ZIP			
THILE		☐ DELETE	61 TITLE			Chang	ge 🔲 Addition
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET	ADDRESS			
CITY-ST-ZIP	wantife that the information as A !	with the films A = a = a	6.4 CITY - ST	r-ZIP	lin Coation 110 07/2VD Clasida Character	n I further a self. A	not the
intormatio Lam an of	by certify that the information surphied in indicated on this annual lispoil or si ficer or director of the conformation or i in Block 12 or Block 13 Junaacs of or	with this filling does not qualification in the property of trustee endow on an attack ment with a land	To the executors of the control of t	rate and that ute this repor	l in Section 119.07(3)(i), Florida Statute my signature shall have the same lega t as required by Chapter 607, Florida S	il effect as if made statutes; and that m	under oath; that ny name