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PROFIT CORPORATION ANNUAL REPORT 1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # H48943

(5)

Mailing Address

TURNKEY MICROS INTERNATIONAL, INC.

| FILED | | | | | | | | |
|--------------------|--|--|--|--|--|--|--|--|
| May 14 1997 8:00am | | | | | | | | |
| Secretary of State | | | | | | | | |

| 2183 N POWERL S & T POMPANO BEAC | | 2183 N POWERLINE RD S & T POMPANO BEACH FL 3306 US | 9-1216 | | 3. Date incorporated or Qualified | 3a. Date of | Last Po | nord] | |
|--|---|--|-----------------------|----------------------|--|---|--------------------------------|--------------------------|--|
| US | | 00 | | | 03/25/1985 | 07/29/1 | | pon | |
| 2. Principal Fig. | ace of Business | 2a. Mailing Address | | | 4. FEI Number | 1 0.,, | | olied For | |
| 21 | | 26 | | | 59-2507683 | + | Not | Applicable | |
| Suite Apt # | f, etc | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | | B.75 A | | |
| 22 | | [27] | | | G. Continuate of Ottake Desired | , | Fee Rec | | |
| City & State | | City & State | | | 6. Election Campaign Financing | | 5.00 | | |
| 23 | Constant | 28 | Countr | | Trust Fund Contribution | | Added to | | |
| Zip | Country | 1 | Zip Country | | | 8. This corporation has liability for intendible tax under s. 199.032, Ftorida Statutes | | | |
| 24 | g. Name and Address of Cu | 29 arrent Registered Agent | 30 | | 10. Name and Address of New Re | | | | |
| JENS | EN, ARTHUR | | 81 | Name | | | | | |
| | NE 22ND CT | | 82 | Stroot Add | ress (P.O. Box Number is Not Acceptal | nie\ | | | |
| | PANO BEACH FL | | 62 | Silect Addi | toss (F.O. DOX Humber is 1401 Accopial | 2107 | | | |
| | | | 83 | | | | | | |
| | | | 84 | City | | 85 cm | Zip C | ode | |
| | | | | 1 - ' | | | ' | | |
| office or re | rictored agent or holb in the ! | 7.0502 and 607.1508, Florida Statut State of Florida. Such change was a obligations of, Section 607.0505, Flo | authorized h | w the cornoral | poration submits this statement for the tion's board of directors. I hereby acce | ourpose of cha- pt the appointm | nging its nent a s r | registered registered | |
| SIGNATURE . | | Worth and the state of the stat | C. D. a stored A | | ired when reinstating) | DATE | | | |
| 12. | Signarore rypopore printed name of register OFFICERS | S AND DIRECTORS | 13. | Seut a Bustous usdor | ADDITIONS/CHANGES TO OFFI | | ECTOR! | S IN 12 | |
| TILLE | PST | DELETE | 1.1 TITLE | | | | Change | Addition | |
| NAME | JENSEN, ARTHUR | | 1.2 NAME | | | | | | |
| SIBELL ADURESS | 2900 NE 22ND CT | | 1.3 STREE | T ADDRESS | | | | | |
| C-TY - ST - 7/P | POMPANO BEACH FL | | 1.4 C(TY- | ST-ZIP | | | | | |
| TOLF | D | DELETE | 21 TITLE | | | | Change | Addition | |
| NAME | Jensen, arthur | | 2.2 NAME | | - , | | | 1 | |
| STREET ADDRESS | 2900 NE 22ND CT | | 2.3 STRE | ET ADDRESS | L _{1,1} | | | | |
| CHY-ST-ZIP | POMPANO BEACH FL | | 2. 4 CITY | -ST-ZIP | | | | | |
| TITLE | | ☐ DELETE | 3.1 TITLE | 1. | | | Change | Addition | |
| NAME | | | 3.2 NAME | | | | | | |
| STREET ADORESS | | | | et address | | | | | |
| CHY-SI-ZIF | 1 100 MANYA 26 1 1 - 11 1 10 | DELETE | 3.4. CITY | | | | Change | Addition | |
| THILE | | ["] Dereie | 4.3 TITLE | | | h | Orientge | L Manifoli | |
| NAME | | | 4. 2 NAM | | | | | | |
| STREET ACCRESS | | | | ET ADDRESS | | | | | |
| COY-ST-ZIP | / V1 - V2 10 VVV | DELETE | 4.4 CITY 5.1 TITLE | | | TT | Change | Addition | |
| TURF | | C. Dickers | 5.2 NAMI | | | _ | | | |
| NAME Cross Laborator | | | | ET ADDRESS | | | | | |
| STREET ADDRESS | | | 5.4 CITY | | 0 | | | | |
| CHY ST ZIP | | ☐ OELETE | 6.1 TITLE | | | | Change | Addition | |
| NAME | | had varely | 6.2 NAM | | | | - | | |
| STREET ADDRESS | 1 | | | ET ADDRESS | | | | | |
| CITY-S1-7IP | | 1 | 6.4 CITY | 1 | | | | | |
| 14. I do heret | ny certify that the information su | pplied with this filing does not qual | fy for the ex | emption state | d in Section 119.07(3)(i), Florida Statut | es. I further cer | tify that | the | |

4. 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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; the Lambard of the color of the color

SIGNATURE

Date

Daylime Phone