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Mar 25 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 # K69829 (5)

1. Corporation Name  
TURN-KEY INFORMATION CONSULTANTS, INC.



Principal Place of Business Mailing Address  
% DOUGLAS H. REYNOLDS  
4875 N. FED. HWY., 10TH FLOOR  
FORT LAUDERDALE FL 33308  
% DOUGLAS H. REYNOLDS  
4875 N. FED. HWY., 10TH FLOOR  
FORT LAUDERDALE FL 33308-4826

3. Date Incorporated or Qualified 03/02/1989 3a. Date of Last Report 03/05/1996

4. FEI Number 65-0107240 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, 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

REYNOLDS, DOUGLAS  
COX & REYNOLDS  
4875 NORTH FED. HWY., 10TH FLOOR  
FORT LAUDERDALE FL 33308

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 Signature, type or print name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☒ DELETE  
NAME ~~NAI, GLEN L~~  
STREET ADDRESS 5625 N.E. 6TH AVENUE  
CITY- ST- ZIP FT. LAUDERDALE FL  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
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NAME  
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CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP  
TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY- ST- ZIP

11 TITLE P.T. D. ☒ Change ☐ Addition  
12 NAME Joseph A. Perruccio  
13 STREET ADDRESS 5625 N.E. 6th Avenue  
14 CITY- ST- ZIP Ft. Lauderdale, Fla.  
21 TITLE ☐ Change ☐ Addition  
22 NAME  
23 STREET ADDRESS  
24 CITY- ST- ZIP  
31 TITLE ☐ Change ☐ Addition  
32 NAME  
33 STREET ADDRESS  
34 CITY- ST- ZIP  
41 TITLE ☐ Change ☐ Addition  
42 NAME  
43 STREET ADDRESS  
44 CITY- ST- ZIP  
51 TITLE ☐ Change ☐ Addition  
52 NAME  
53 STREET ADDRESS  
54 CITY- ST- ZIP  
61 TITLE ☐ Change ☐ Addition  
62 NAME  
63 STREET ADDRESS  
64 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 statement is true and correct 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; and that I am authorized 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: *Joseph A. Perruccio*, President 3/7/97 954-4936534  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)