FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JAN 18 PM 2:43

DOCUMENT # L46508 (2)

1. Corporation Name

TURNKEY REAL ESTATE MARKETING, INC.

Principal Place of Business	Mailing Address
% PAMELA R. JOHNSON 1452 EAST MICHIGAN ST. ORLANDO FL 32806	% PAMELA R. JOHNSON 1452 EAST MICHIGAN ST. ORLANDO FL 32806

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
01/29/1990	02/24/1994

	2. Principal Place of Business		2a. Mailing Address
21	87 W. Michigan Ave	26	87 W. Michigan Ave
22	Suite, Apt #, etc	27	Suite, Apt #, etc
23	City & State: Orlando, FL 32806	28	City & State: Orlando, FL
24	Zip: 32806	29	Zip: 32806
25	Country: USA	30	Country: USA

4. FEI Number: 59-2992646 ☐ 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

9. Name and Address of Current Registered Agent

JOHNSON, PAMELA R.
1452 E. MICHIGAN ST.
ORLANDO FL 32806

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable) 87 W. Michigan St.
83
84 City Orlando FL 85 Zip Code 32806

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

12. OFFICERS AND DIRECTORS

TITLE	PD
NAME	JOHNSON, PAMELA R.
STREET ADDRESS	3403 MONTEEN DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	ST
NAME	JOHNSON, PAMELA R
STREET ADDRESS	3403 MONTEEN DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	SMITH, CHRISTI
STREET ADDRESS	3624 SURREY DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	D
NAME	JOHNSON, BRIAN
STREET ADDRESS	3403 MONTEEN DR.
CITY-ST-ZIP	ORLANDO FL
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP ☐ Change ☐ Addition
2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP ☐ Change ☐ Addition
3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP ☐ Change ☐ Addition
4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP ☐ Change ☐ Addition
5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP ☐ Change ☐ Addition
6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP ☐ Change ☐ Addition

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(1)(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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0058760 CP