

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Jun 19 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # M 17687 1. Corporation Name TURNBERRY 25J CORP.			
Principal Place of Business		Mailing Address	
DO NOT WRITE IN THIS SPACE			
2. Principal Place of Business		2a. Mailing Address	
21 19707 Turnberry Way Suite, Apt. #, etc.		26 21845 Powerline Rd. Suite, Apt. #, etc.	
22 Suite 25-J City & State		27 Suite 201 City & State	
23 N. Miami Beach FL Zip Country		28 Boca Raton FL Zip Country	
24 33180		29 33433	
9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
		81 Name Alex B. Rotbart	
		82 Street Address (P.O. Box Number is Not Acceptable) 21845 Powerline Road	
		83 Suite 201	
		84 City Boca Raton FL 85 Zip Code 33433	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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	
[Signature]		4-28-98	
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE DPST NAME HAL FEN, RUBEN STREET ADDRESS 19707 Turnberry Way, #25J CITY-ST-ZIP North Miami Beach, FL 33180		11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP		61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP	
14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information contained in 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. If I am a shareholder or director of the corporation, or the receiver or trustee empowered to execute this report, it is required by Chapter 607, Florida Statutes, and that my name appears on Block 12 or Block 13. If changed, no an attachment with an address.		5000025672857 -06/22/98- 01012-041 ***150.00	
SIGNATURE: [Signature]		4-24-98	

C:\P2503 (1000)