

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

FILED

Apr 25 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M34241** (3)

1. Corporation Name  
**TURNKEY LEASING, INC.**

Principal Place of Business <b>2400 W. COPANS RD. APT. 6 POMPANO BEACH FL 33069 US</b>	Mailing Address <b>2400 W. COPANS RD. #6 POMPANO BEACH FL 33069-1232 US</b>
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3. Date Incorporated or Qualified <b>06/25/1986</b>	3a. Date of Last Report <b>04/10/1996</b>
4. FEI Number <b>59-2701073</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 <b>2400 W. Copans Rd.</b> Suite, Apt. #, etc. 22 <b>Suite 6A</b> City & State 23 <b>Pompano Beach FL</b> Zip 24 <b>33069</b>	2a. Mailing Address 26 Suite, Apt. #, etc. 27 <b># 6A</b> City & State 28 Zip 29 Country 30 <b>US</b>
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9. Name and Address of Current Registered Agent <b>RICE, WILLIAM P. 2400 W. COPANS RD. #6 POMPANO BEACH FL 33069</b>	10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City <b>FL</b> 85 Zip Code
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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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>PD RICE, WILLIAM P. 240 SAGAL PALM TERR BOCA RATON FL</b> <input type="checkbox"/> DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>700 BRYAN PLACE FT. LAUDERDALE, FL 33312</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D HENDERSON, JOHN M. BOX 13 N/A ROCKVILLE VA</b> <input type="checkbox"/> DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>ST JOHNSON, SALLY R. 1240 S.W. 19TH STREET BOCA RATON FL</b> <input type="checkbox"/> DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>2471 PAR CIRCLE DELRAY BEACH, FL 33445</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>D GOTTWALD, JAMES T. 3800 RIVER ROAD, WEST GOOCHLAND VA</b> <input type="checkbox"/> DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<b>V JOHNSON, MARSHALL A. 2496 DOUGLASS AVE DELRAY BCH FL</b> <input type="checkbox"/> DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition <b>JOHNSON, MARSHALL C. 2496 DOUGLASS AVE DELRAY BEACH, FL</b>
TITLE NAME STREET ADDRESS CITY - ST - ZIP	<input type="checkbox"/> DELETE	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition

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 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: William P. Rice  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/17/97 954 978 3779  
Date Daytime Phone #

CR2E034 (9/96)