

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED  
Mar 31, 1999 8:00 am  
Secretary of State

03-31-1999 90017 027 \*\*\*150.00

DOCUMENT # M34241

1. Corporation Name  
TURNKEY LEASING, INC.

Principal Place of Business  
2400 W COPANS RD  
SUITE 6A  
POMPANO BEACH FL 33069  
US

Mailing Address  
2400 W COPANS RD #6A  
POMPANO BEACH FL 33069  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1986

4. FEI Number

59-2701073

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 owes the current year Intangible  
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 4350 N.W. 19th AVE

Suite, Apt. #, etc.

22 SUITE'S E&F

City & State

23 POMPANO BEACH, FL

Zip

24 33304

Country

25 USA

2a. Mailing Address

26 4350 N.W. 19th AVE

Suite, Apt. #, etc.

27 SUITE E&F

City & State

28 POMPANO BEACH, FL

Zip

29 33304

Country

30 USA

9. Name and Address of Current Registered Agent

RICE, WILLIAM P.  
2400 W. COPANS RD. #6  
POMPANO BEACH FL 33069

10. Name and Address of New Registered Agent

81 Name

WILLIAM P. RICE

82 Street Address (P.O. Box Number is Not Acceptable)

4350 N.W. 19th AVE.

83

SUITE'S E&F

84 City

POMPANO BEACH

FL

85 Zip Code

33064

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME RICE, WILLIAM P.  
STREET ADDRESS 1636 19 ST NW  
CITY-ST-ZIP WASHINGTON DC 20009

TITLE ST  
NAME JOHNSON, SALLY R.  
STREET ADDRESS 2471 PAR CIRCLE  
CITY-ST-ZIP DELRAY BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

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 PD  
1.2 NAME RICE, WILLIAM P.  
1.3 STREET ADDRESS 1910 T STREET N.W.  
1.4 CITY-ST-ZIP WASHINGTON, D.C. 20009

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY-ST-ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY-ST-ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY-ST-ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY-ST-ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 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)(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, with all other like empowered.

SIGNATURE:

Sally R. Johnson  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-24-99 954-978-3779

CR2E034 (11/98)

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