

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

FILED
Mar 17 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **M97889** (3)

1. Corporation Name
TURNBERRY CHARTERS, INC.

Principal Place of Business 2875 NE 191ST ST SUITE 400 AVENTURA FL 33180 US	Mailing Address 2875 NE 191ST ST SUITE 400 AVENTURA FL 33180-2831 US
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21. Principal Place of Business Suite, Apt. #, etc.	22. City & State	23. Zip	24. Country	25. Country	26. Mailing Address Suite, Apt. #, etc.	27. City & State	28. Zip	29. Country	30. Country	3. Date Incorporated or Qualified 09/09/1988	3a. Date of Last Report 04/15/1996	4. FEI Number 58-1809442	Applied For <input type="checkbox"/> Not Applicable
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9. Name and Address of Current Registered Agent REDLICH, BERNARD 19495 BISCAYNE BLVD. #408 AVENTURA FL 33180					10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City FL 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	D	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SOFFER, DONALD		12. NAME				
STREET ADDRESS	2875 NE 191ST ST, #400		13. STREET ADDRESS				
CITY - ST - ZIP	AVENTURA FL		14. CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REDLICH, BERNARD		22. NAME				
STREET ADDRESS	2875 NE 191ST ST., #400		23. STREET ADDRESS				
CITY - ST - ZIP	AVENTURA FL		24. CITY - ST - ZIP				
TITLE	D	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	REDLICH, LEONARD		32. NAME				
STREET ADDRESS	2875 NE 191ST ST., #400		33. STREET ADDRESS				
CITY - ST - ZIP	AVENTURA FL		34. CITY - ST - ZIP				
TITLE	V	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	KESSLER, EUGENE		42. NAME				
STREET ADDRESS	2875 NE 191ST ST., #400		43. STREET ADDRESS				
CITY - ST - ZIP	AVENTURA FL		44. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			52. NAME				
STREET ADDRESS			53. STREET ADDRESS				
CITY - ST - ZIP			54. CITY - ST - ZIP				
TITLE		<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME			62. NAME				
STREET ADDRESS			63. STREET ADDRESS				
CITY - ST - ZIP			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 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, unchanged, or on an attachment with an address.

SIGNATURE:  **DON SOFFER** 3/10/97 305/937-6200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)