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

PROFIT CORPORATION ANNUAL REPORT

1999

DOCUMENT # M97889

TURNBERRY CHARTERS, INC.



FLORIDA DEPARTMENT OF STATE

Katherine Harris

DIVISION OF CORPORATIONS

Secretary of State

FILED May 07, 1999 8:00 am Secretary of State

05-07-1999 90032 005 ***150.00

|--|--|--|

Principal Place	e of Business	Mailing Address				1 (186108)) (18 10)() 1003) 18(0) 18(4) 18(4) 4(4)	F W1811 W1W11 W14	// Brad 61911	1001
19501 BISCAYNE BLVD STE 400 ATTN: LEGAL DEPARTMENT AVENTURA FL 33180 US 19501 BISCAYNE BLVD STE 4 ATTN: LEGAL DEPARTMENT AVENTURA FL 33180 US					DO NOT WRITE IN TH	IS SPACE			
					3. Date Incorporated or Qualifed 09/09/1988				
2 Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number		Applied Fo	or
21		26				58-1809442		Not Applic	
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					\$8.7	5 Addition	ıal
22		27				5. Certifcate of Status Desired	Fee	Required	
City & State	9	City & State				6Election Campaign Financing	- \$5.0	0 May B	e
23		28				Trust Fund Contribution	Adde	ed to Fees	
Zip	Country	Zip	Count	try		8. This corporation owes the current year	_	No	j
24	25	29 3	0			Personal Property Tax.	∐ Yes	INO	—
	9. Name and Address of Current	Registered Agent		31	N	10. Name and Address of New Registere	a Agent		
P ∩M	INE, MARIO		ľ	' '	Name				
	1 BISCAYNE BLVD		1	32	Street Addr	ess (P.O. Box Number is Not Acceptable)			
STE			-	33					
	NTURA FL 33180			33					
7,10			Ī	84	City	F	85 Z	ip Code	- {
		CO7 (EO) Floride Statuton	the ob		named corn	oration submits this statement for the purpose		its registe	red
office or n	egistered agent, or both, in the State o	of Florida. Such change was aut	nonzea i	Dy tr	he corporation	on's board of directors. I hereby accept the app	ointment as	registered	i.
agent. I a	m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	a Statut	es.					}
SIGNATURE		MOTE: B	amintared A	aant i	niamatura raquira	d when reinstating) DATE			-
40	Signature, typed or printed name of registered agent OFFICERS ANI		13.	gent :	signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIREC	TORS IN	12
12. TITLE	D	DELETE	1.1 TITL	E		ADDITIONAL TO SELECTION OF SELE	Chan		Addition
NAME	SOFFER, DONALD		1.2 NAM						Į.
STREET ADDRESS	19501 BISCAYNE BLVD STE 40	0	1.3 STR	EET A	ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180	•	1.4 CITY						
TITLE	D	DELETE	2.1 TITL				☐ Chan	ge 🗆 A	ddition
NAME	REDLICH, BERNARD	* `	2.2 NAV	Æ					
STREET ADDRESS	19501 BISCAYNE BLVD STE 40	0	2.3 STR	EET A	ADDRESS				1
CITY-ST-ZIP	AVENTURA FL 33180	•	2. 4 CIT	Y- \$T-	-ZIP				
TITLE	D	DELETÉ	31 TITL				Chan	је □А	ddition
NAME	REDLICH, LEONARD	•	3.2 NAM	Œ					
STREET ADDRESS	19501 BISCAYNE BLVD STE 40	0	33 STR	EETA	ADDRESS				
CITY-ST-ZIP	AVENTURA FL 33180	_	3.4. CIT	Y-ST	-ZIP				
TITLE	V	☐ DELETE	4.1 TITL	E			Chan	ge 🗆 A	Addition
NAME	Kessler, Eugene		4. 2 NA	ΜE					
STREET ADDRESS	19501 BISCAYNE BLVD STE 40	0	4.3 STR	EETA	ADDRESS				
Crty-St-ZIP	AVENTURA FL 33180		4.4 CITY	/-\$T-	ZIP				
TITLE	•	☐ DELETE	5.1 TITL				Chan	ge 🗌 A	Addition
NAME			5.2 NAM						İ
STREET ADDRESS			4		ADDRESS				
CITY-ST-ZIP			5.4 CIT		-ZIP		<i>—</i>		4.40
TITLE		☐ DELETE	6.1 TITI.				Chan	ge [_]A	Addition
NAME			6.2 NAM						}
STREET ADDRESS			6.3 STR	EET A	ADDRESS				- 1

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.

6.4 CITY-ST-ZIP

SIGNATURE: SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #