FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT
1996

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N18819 (5)

1. Corporation Name
THE TURTLE RUN FOUNDATION, INC.

Principal Place of Business	Mailing Address
C/O MORRIS WATSKY 700 N.W. 107TH AVENUE. STE.400 MIAMI FL 33172	C/O MORRIS WATSKY 700 N.W. 107TH AVENUE. STE.400 MIAMI FL 33172

3. Date Incorporated or Qualified: 01/20/1987
3a. Date of Last Report: 05/01/1995

2. Principal Place of Business
21: 8190 W. State Road 84
22: Suite, Apt. #, etc.
23: City & State: Davie FL 33324
24: Zip: 33324 25: Country: USA

2a. Mailing Address
26: 8190 W. State Road 84
27: Suite, Apt. #, etc.
28: City & State: Davie FL 33324
29: Zip: 33324 30: Country: USA

4. FEI Number: 65-0238952 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

WATSKY, MORRIS
700 N.W. 107TH AVENUE
STE.400
MIAMI FL 33172

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

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ Morris J. Watsky, Esq. 2/26/96
Signature, typed or printed name of registered agent and title if applicable (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	PD PITTS, W. DOUGLAS 1101 BRICKELL AVE., #500 MIAMI FL	☐ DELETE	11 TITLE / 12 NAME / 13 STREET ADDRESS / 14 CITY-ST-ZIP	PD COX, MITCHELL 8190 West State Road 84, Davie FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VAS VASSILAROS, ELIAS 1101 BRICKELL AVE., #500 MIAMI FL	☒ DELETE	21 TITLE / 22 NAME / 23 STREET ADDRESS / 24 CITY-ST-ZIP	VPD SEIJAS, ANTHONY 8190 West State Road 84, Davie FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	D VASSILAROS, ELIAS 1101 BRICKELL AVE., #500 MIAMI FL	☒ DELETE	31 TITLE / 32 NAME / 33 STREET ADDRESS / 34 CITY-ST-ZIP	S/T D GREG BLAIR 8190 West State Road 84, Davie FL 33324	☒ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	SD WATSKY, MORRIS 700 NW 107 AVE., #400 MIAMI FL	☒ DELETE	41 TITLE / 42 NAME / 43 STREET ADDRESS / 44 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VD KRONICK, SHERMAN J. 700 NW 107 AVE., #400 MIAMI FL	☒ DELETE	51 TITLE / 52 NAME / 53 STREET ADDRESS / 54 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	AS WATSKY, MORRIS J. 700 NW 107 AVE #400 MIAMI FL	☒ DELETE	61 TITLE / 62 NAME / 63 STREET ADDRESS / 64 CITY-ST-ZIP		☐ Change ☐ Addition

CR2E037 (12/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: _____ Mitchell A. Cox 2-23-96 (954)370-0003
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #