

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 # N50499

(5)

1. Corporation Name

RIGHT TURN PROMOTIONS, INC.



Principal Place of Business

3941 NW 32ND AVE
FT LAUDERDALE FL 33309

Mailing Address

3941 NW 32ND AVE
FT LAUDERDALE FL 33309

3. Date Incorporated or Qualified

08/21/1992

3a. Date of Last Report

06/12/1995

2. Principal Place of Business

21 3941 NW 32nd Ave.

Suite, Apt. #, etc.

22

2a. Mailing Address

26 3941 NW 32nd Ave.

Suite, Apt. #, etc.

27

City & State

23 Ft. Lauderdale FL

Zip

24 33309

Country

25 Broward

City & State

28 Ft. Lauderdale FL

Zip

29 33309

Country

30 Broward

4. FEI Number

65-0350283

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

JOHNSON, MARLON

3941 NW 32ND AVE

FT LAUDERDALE FL 33309

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

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 ☐ DELETE

NAME PD
JOHNSON, MARION
STREET ADDRESS 3941 N.W. 32 AVE.
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME D
WILLIAMS, ALLISTER
STREET ADDRESS 137-17 157 STREET
CITY-ST-ZIP ROCHDALE NY 11434

TITLE ☐ DELETE

NAME D
MOORE, JOHN
STREET ADDRESS 1120 N.W. 112TH ST.
CITY-ST-ZIP MIAMI FL

TITLE ☐ DELETE

NAME ST
JOHNSON, DONNA
STREET ADDRESS 3941 N.W. 32ND AVENUE
CITY-ST-ZIP FT. LAUDERDALE FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

☐ Change

☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

☐ Change

☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

☐ Change

☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

☐ Change

☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

☐ Change

☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

☐ Change

☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date:

5/1/96 954-735-2376

Daytime Phone #

CP2E037 (12/95)