

FILE NOW: FILING FEE IS \$61.25

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Mar 25 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N95000002431 (3)**

1. Corporation Name

A.C. TURNOVER, INC.

Principal Place of Business

Mailing Address

C/O H.J. BAUMGARTEN
114 VICTORY DRIVE
JUPITER FL 33477
US

C/O H.J. BAUMGARTEN
114 VICTORY DRIVE
JUPITER FL 33477
US

3. Date Incorporated or Qualified

05/22/1995

4. FEI Number

65-0596755

Applied For

Not Applicable

2. Principal Place of Business

21 **66 Harold Becker**

Suite, Apt. #, etc.

22 **380 Spyglass Way**

City & State

23 **Jup. Fl, FL**

Zip

24 **33477**

Country

25 **Palm Beach**

2a. Mailing Address

26 **66 Harold Becker**

Suite, Apt. #, etc.

27 **380 Spyglass Way**

City & State

28 **Jup. Fl, FL 33477**

Zip

29 **83477**

Country

30 **Palm Beach**

5. Certificate of Status Desired ☐

\$8.75 Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution ☐

\$5.00 May Be Added to Fees

7. Is this nonprofit corporation a homeowners association?

☐ Yes ☐ No

8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

NASON, NAT E
C/O NASON, GILDAN, YEAGER, ET AL
1845 PALM BEACH LAKES BLVD, STE. 1200
WEST PALM BEACH FL 33401

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE **DV** ☒ DELETE
NAME **BAUMGARTEN, HERBERT**
STREET ADDRESS **114 VICTORY DRIVE**
CITY-ST-ZIP **JUPITER FL**

TITLE **DT** ☐ DELETE
NAME **BECKER, HAROLD**
STREET ADDRESS **380 SPYGLASS WAY**
CITY-ST-ZIP **JUPITER FL**

TITLE **P** ☐ DELETE
NAME **CURRY, JOHN**
STREET ADDRESS **211 COMMODORE DRIVE**
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ DELETE
NAME **IACOBUCCI, FRANK**
STREET ADDRESS **324 EAGLE DR**
CITY-ST-ZIP **JUPITER FL**

TITLE **DS** ☐ DELETE
NAME **MAYER, ESTELLE**
STREET ADDRESS **230 COMMODORE DR**
CITY-ST-ZIP **JUPITER FL**

TITLE **D** ☐ DELETE
NAME **BARR, JACK**
STREET ADDRESS **1503 CAPTAINS WAY**
CITY-ST-ZIP **JUPITER FL**

1.1 TITLE **DT** ☐ Change ☒ Addition
1.2 NAME **Sanford Naid, Jr**
1.3 STREET ADDRESS **176 Golf Village Blvd**
1.4 CITY-ST-ZIP **Jupiter FL 33458**

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 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 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]

3/16/98

CR2E037 (10/97)