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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

TURNE	Y & ROBERTS CONSTRUCT				
Principal Place		Mailing Address			
26901 S.W. 143RD PL. MIAMI FL 33032		26901 S.W. 143RD PL. Miami Fl 33032			
US		US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualified	
		· · · · · · · · · · · · · · · · · · ·		12/08/1992	
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		Suite, Apt. #, etc.		65-0374159	Not Applicable
22		27.		5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	Zip	Country	8. This corporation owes or has paid	d the current year Intangible
24	25		30	Personal Property Tax due June 3	
	9. Name and Address of Curren	t Registered Agent		10. Name and Address of New Reg	Istered Agent
PATTON ROBERTS 81 Narry 6 7				TON KOBERTS N.	
	01 SW 143RD PLACE		82 Street Addr	ess (P.O. Box Number is Not Acceptable	e) # /
MIA	MI FL 33131		83	ANO LAGO UR.	2201
			03	,	
		_	84 City	Re- 11	85 Zip Code
11 Pureuant I	to the provisions of Sortions 617 050	2 and 607 1508 Florida Statuto	s the above named core	poration submits this statement for the pu	reaso of changing its registered
office or re	egistered agent, or both, in the State	el Fibrida. Such change was a	uthorized by the corporat	oration submits this statement for the puion's board of directors. I hereby accept	the appointment as registered
	m familiar with, and accept the obliga	itions of, Section 607.0505, Flo	rida Statutes.		2/1/08
SIGNATURE	Signature, typed or primed agency spirit of agen	and tille if applicable (NOTE	. Registered Agent signature requir	ed when reinstating)	DATE
12.	OFFICERS AND	<u>_</u>	13.	ADDITIONS/CHANGES TO OFFICE	
TITLE	DP	☐ DELETÉ	1,1 TiTLE	RESIDEN	Change
NAME	ROBERTS, PATTON		1.2 NAME	OBERTS PATTON,	$\mathcal{N}_{\mathcal{J}}$
STREET ADDRESS	26901 S.W. 143RD PLACE		1.3 STREET ADDRESS	00 UNGLAGO DR	1201
CITY-ST-ZIP	MIAMI FL	T oc. ere	1.4 CITY-ST-ZIP	UNO BEACH, FL.	334.8
TITLE		☐ DELETE	2.1 TITLE	,	☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		DELETE	2. 4 C(TY-ST-Z(P 3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY - ST - ZIP		
TITLE		DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY+ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		Change Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP		C or ste	5.4 CITY - ST - ZIP		The state of the s
TITLE		DELETE	6.1 TITLE		Change Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP	ertity that the information supplied with	h this Min't does not qualify for	the exemption stated in	Section 119.07(3)(i), Florida Statutes. I fu	irther certify that the information
indicated officer or of Block 12 of	on this annual report or supplemental director of the corporation or the rege or Block 13 if changed, or on an atlac	annual report is true and accuracy trustee empowered to a him and with an address.	rate and that my signatur secute this report as requ	re shall have the same legal effect as if r pired by Chapter 607, Florida Statutes; a	nade under oath; that I am an nd that my name appears in

FILED

Apr 03 1998 8:00am

Secretary of State