
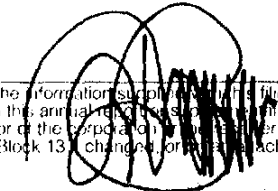


FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 31 1997 8:00am  
Secretary of State

|   |                          |  |   |  |  |
|---|--------------------------|--|---|--|--|
| <b>PROFIT CORPORATION ANNUAL REPORT 1997</b>  |                          |         |   | FLORIDA DEPARTMENT OF STATE<br><b>Sandra B. Mortham</b><br>Secretary of State<br>DIVISION OF CORPORATIONS  |  |
| <b>DOCUMENT # P92000012858 (6)</b>  |                          |  |   |  |  |
| 1. Corporation Name<br><b>GARY TURNER ASSOCIATES, INC.</b>  |                          |  |   |  |  |
| Principal Place of Business<br><b>11924 FOREST HILL BLVD<br/>22-176<br/>WELLINGTON FL 33414<br/>US</b>  |                          |  | Mailing Address<br><b>11924 FOREST HILL BLVD<br/>22-176<br/>WELLINGTON FL 33414-6256<br/>US</b> |  |  |
| 2. Principal Place of Business<br>21 Suite, Apt. #, etc.<br>22 City & State<br>23 Zip<br>24 Country   |                          | 2a. Mailing Address<br>26 Suite, Apt. #, etc.<br>27 City & State<br>28 Zip<br>29 Country |   | 3. Date Incorporated or Qualified<br><b>12/17/1992</b><br>3a. Date of Last Report<br><b>04/26/1996</b><br>4. FEI Number<br><b>65-0381457</b><br>5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required<br>6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees<br>8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 9. Name and Address of Current Registered Agent<br><b>TURNER, GARY<br/>606 6TH LANE<br/>SUITE 204<br/>LAKE WORTH FL 33463</b>   |                          |  |   | 10. Name and Address of New Registered Agent<br>81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>84 City<br><b>FL</b> 85 Zip Code   |  |
| 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.   |                          |  |   |  |  |
| SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) _____ DATE _____   |                          |  |   |  |  |
| 12. OFFICERS AND DIRECTORS  |                          |  |   |  |  |
| TITLE   | <b>PSTD</b>              | <input type="checkbox"/> DELETE  | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12   |  |  |
| NAME  | <b>TURNER, GARY</b>      |  | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS  | <b>606 6TH LANE</b>      |  | 1.2 NAME  |  |  |
| CITY - ST - ZIP   | <b>LAKE WORTH FL</b>     |  | 1.3 STREET ADDRESS  |  |  |
| TITLE   | <b>V</b>                 | <input type="checkbox"/> DELETE  | 1.4 CITY - ST - ZIP   |  |  |
| NAME  | <b>TURNER, VALINDA P</b> |  | 2.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS  | <b>606 6TH LANE</b>      |  | 2.2 NAME  |  |  |
| CITY - ST - ZIP   | <b>LAKE WORTH FL</b>     |  | 2.3 STREET ADDRESS  |  |  |
| TITLE   |                          | <input type="checkbox"/> DELETE  | 2.4 CITY - ST - ZIP   |  |  |
| NAME  |                          |  | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS  |                          |  | 3.2 NAME  |  |  |
| CITY - ST - ZIP   |                          |  | 3.3 STREET ADDRESS  |  |  |
| TITLE   |                          | <input type="checkbox"/> DELETE  | 3.4 CITY - ST - ZIP   |  |  |
| NAME  |                          |  | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS  |                          |  | 4.2 NAME  |  |  |
| CITY - ST - ZIP   |                          |  | 4.3 STREET ADDRESS  |  |  |
| TITLE   |                          | <input type="checkbox"/> DELETE  | 4.4 CITY - ST - ZIP   |  |  |
| NAME  |                          |  | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS  |                          |  | 5.2 NAME  |  |  |
| CITY - ST - ZIP   |                          |  | 5.3 STREET ADDRESS  |  |  |
| TITLE   |                          | <input type="checkbox"/> DELETE  | 5.4 CITY - ST - ZIP   |  |  |
| NAME  |                          |  | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition  |  |
| STREET ADDRESS  |                          |  | 6.2 NAME  |  |  |
| CITY - ST - ZIP   |                          |  | 6.3 STREET ADDRESS  |  |  |
|   |                          |  | 6.4 CITY - ST - ZIP   |  |  |
| 14. I do hereby certify that the information supplied in 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 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 its shareholder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that the name of the person who appears in Block 12 or Block 13, changed, or who is being added, is the same as the person who appears in Block 12 or Block 13, changed, or who is being added, with an address. |                          |  |   |  |  |
| SIGNATURE:  J. GARY TURNER 3/24/97 4545  |                          |  |   |  |  |
| SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  |                          |  |   |  |  |



CR2E034 (9/96)