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

PROFIT CORPORATION **ANNUAL REPORT**

1997



Sandra B. Mortham

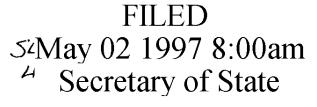
Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P93000026322 (6)

TURNER RIVER CORPORATION

Principal Place of Business

Mailing Address





102 COPELAND AND BROADWAY EVERGLADES CITY FL 33929 US				3178 LAKEVIEW DRIVE NAPLES FL 34112-5822							3. Date incorporated or Qualified 3a. Date of Last Rep 04/06/1993 04/25/1996					ort
2. Principal Place of Business				2a. Mailing Address							4. FEI Number	1	İ		plied For	
21				26				59-3183351				Not Applicat			lo	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 Additional Fee Required					
23					City & State			****			6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees				
Zip 24	Country 25			29 30			Count				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes					
			s of Current R	egis	stered Agent			. 1			Name and Address of New Re	gistered	Agent			
	INN, JEFFRE						8	1	Name							
307 AIRPORT ROAD N NAPLES FL 33942							8:		Street A	ddress	ess (P.O. Box Number is Not Acceptable)					
							8	3								
							8	4	City			FL	85	Zip i	Code	-
agent. i	am tamiliar wii	ons of Sections of Section ent, or both, the land access of the land a	ons 607 0502 a in the State of pt the obligation	nd 6 Flori ins o	607.1508, Florida ida: Such change if, Section 607.05	Statutes, was auth 05, Florid	the abo orized t a Statute	by es.	named o	corpora oration'	tion submits this statement for the p is board of directors. I hereby accep		chang ointme	ging it ent as	s registered registered	ď
SIGNATURE		or printed nan u i	of registered agent a	nd title	od applicable	(NOTE: Re	giskred A	gen	it signature n	equired w	hen reinstating)	DATE				
12.		CTORS		13.				ADDITIONS/CHANGES TO OFFIC	ERS AND	DIRE	CTOF	RS IN 12	٦ پر			
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NAME	HOLLAND, CHUCK						2.2 NAME						ia-igc	[] Madrillo	" -	
STREET ADDRESS	A4MA LAMORAMALINO							2.8 STREET ADDRESS								
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NAME					3.5			3.2 NAME								
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for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the ic and accurate and that my signature shall have the same legal effect as if made under oath; that led to execute this report as required by Chapter 607, Florida Statutes; and that my name