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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

FILED

May 06 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000045381 (9)

TURTLE SNAPS, INC.

1998

FORTILE GRAP OF INC.										
Principal Place	a of Busines		Moiting	Address			·····			
·		99	Mailing Address							
PO BOX 3308 PALM BEACH	RÓ GARDENSI	FI 93420		PO BOX 33086 PALM BEACH GARDENS FL 33420						
US	ONIDEITO	F 90410	US					DO NOT WRITE IN THIS SPACE		
								3. Date Incorporated or Qualified		
					_			06/28/1993		
2. Principal Pl	lace of Busi	ness	2a. Mailing Address					4. FEI Number Applied For		
21			26					65-0435959 Not Applicable		
Suite, Apt.	#, etc.		Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional		
22 City 8 Ct-14	 		City & State					Fee Required		
City & State	9		<u>├</u>					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip Country			Zip Country							
24		25	29		30			8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No		
24	o Name	and Address of Current			30]			10. Name and Address of New Registered Agent		
WE	_ 				81	Name				
WELSH, MARK G. 195 CHARTER WAY						62				
WEST PALM BEACH FL 33407							Street	t Address (P.O. Box Number is Not Acceptable)		
147	QI (ALII)	DENOIT I E SOTO!				83				
						84	City	FL 85 Zip Code		
11, Pursuant t	08, Florida Stalule	es, the above-named corp			ed corporation submits this statement for the purpose of changing its registered					
office or re	egi ste red ac m familiar w	gent, or both, in the State of ith, and accept the obligation	of Florida, Si tions of Sec	uch change was a	uthorize	d by	the corp	corporation's board of directors. I hereby accept the appointment as registered		
_	TO IQUINION 19	kii tiila taoopa ii o oriiga	icino en, cier		aa ota					
SIGNATURE	Signature, typico	for punted name of registered agen	t and tele if appi	icable (NOTE	Registere	о Аде	rit signature	ature required when reinstating) DATE		
12.		OFFICERS AND				13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE DP			☐ DELET E			1.1 TITLE D [DP Change Addition		
NAME PATTERSON, GREGORY S				1.2 N				WHOUSON, OLD JOIN		
STREET ADDRESS 106 HOLLY CREEK RD.			1.3			TREET	ADDRESS	35 106 Holly Crook Ra.		
NORRISVILLE NC 27560						1.4 CITY-ST-ZIP		Patterson, Gragory S. 104 Holly Crook Rd. Morrisville NC 27560		
TITLE	DV			DELETE 2.1				. Change Addition		
NAME WELSH, MARK G				2.2 N						
STREET ADDRESS 195 CHARTER WAY						TREET	ADDRESS	is		
CITY-ST-ZIP WEST PALM BEACH FL 33407			, 				T-ZIP			
TITLE				☐ nerei€		3.1 TITLE 3.2 NAME		Change Addition		
NAME						!				
STREET ADDRESS						ADDRESS	\$\$			
CITY-ST-ZIP TITLE			3.4. CI DELETE 4.1 TIT			IT- ZIP	Change I Addition			
			☐ bettie				☐ Change ☐ Addition			
NAME Street Address			4.2 N			LOBBEOG				
· · ·				4.3 STREET ADDRESS 4.4 CITY-ST-ZIP			25			
CITY-ST-ZIP TITLE			DELETE			1-21P	Change Addition			
NAME			other	5.1 INC			Change E Rodinon			
STREET ADDRESS							ADDDEED	20		
CITY-ST-ZIP					5.3 STREET ADDRESS 5.4 CITY - ST - ZIP			N		
TITLE				DELETE 6.1 TIT			1 - ZIF	Change Addition		
NAME					6.2 N/			Same and the same		
STREET ADDRESS							ADDRESS	22		
VINEET PROPIEGO					0.5 5	THE I	ADDITION.	~		

SIGNATURE: War G 11) elle Mack G. Welsh April 19 1998 561-686-1249

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 trusted empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.