

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

FILED
Mar 24 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P93000054577 (0)

1. Corporation Name
M.K. TURF, INC.

Principal Place of Business
100 COSTA DEL SOL BLVD.
MIAMI FL

Mailing Address
10599 FAIRCHILD ROAD
SPRING HILL FL 34608
US

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 07/30/1993	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0427098	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country USA	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

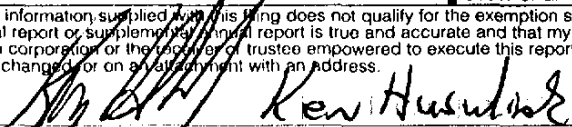
9. Name and Address of Current Registered Agent HUSULIAK, KEN 12079 CORONADO DR. SPRING HILL FL 34609		10. Name and Address of New Registered Agent	
81	Name		
82	Street Address (P.O. Box Number is Not Acceptable)		
83			
84	City	FL	85 Zip Code

11. Pursuant to the provisions of Sections 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	1. NAME	1.1 TITLE	1.2 NAME
NAME	1.3 STREET ADDRESS	1.3 STREET ADDRESS	1.4 CITY - ST - ZIP
STREET ADDRESS	2. NAME	2.1 TITLE	2.2 NAME
CITY - ST - ZIP	2.3 STREET ADDRESS	2.3 STREET ADDRESS	2.4 CITY - ST - ZIP
	3. NAME	3.1 TITLE	3.2 NAME
	3.3 STREET ADDRESS	3.3 STREET ADDRESS	3.4 CITY - ST - ZIP
	4. NAME	4.1 TITLE	4.2 NAME
	4.3 STREET ADDRESS	4.3 STREET ADDRESS	4.4 CITY - ST - ZIP
	5. NAME	5.1 TITLE	5.2 NAME
	5.3 STREET ADDRESS	5.3 STREET ADDRESS	5.4 CITY - ST - ZIP
	6. NAME	6.1 TITLE	6.2 NAME
	6.3 STREET ADDRESS	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 supplement to 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 trustee or trustee 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 appointment with an address.

SIGNATURE:  2/18/98 (352) 688-8888

CR2E034 (10/97)