

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081540 (5)

1. Corporation Name

TURTLE FUTURES INC.



Principal Place of Business

Mailing Address

1800 NE 114 ST
#401
MIAMI FL 33181

1800 NE 114 ST
#401
MIAMI FL 33181

2. Principal Place of Business	2a. Mailing Address
21 1361 S. FEDERAL HWY #103	26 SAME
22 Suite, Apt. #	27 Suite, Apt. #, etc.
23 BOCA RATON, FL	28 City & State
24 33432	29 Zip
25 USA	30 Country

3. Date Incorporated or Qualified	3a. Date of Last Report
11/29/1993	01/20/1995
4. FEI Number	Applied For
65-0459802	Not Applicable
5. Certificate of Status Desired	\$8.75 Additional Fee Required
☒	
6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
☐	
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	Yes ☐ No ☐

9. Name and Address of Current Registered Agent

SANDS, RUSSELL J
1800 NE 114 ST
#401
MIAMI FL 33181

10. Name and Address of New Registered Agent

81 Name RUSSELL SANDS
82 Street Address (P.O. Box Number is not acceptable) 1361 S. FEDERAL HWY
83 #103
84 City BOCA RATON FL 85 33432

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

Signature of person or persons of registered agent and the if applicable

(NOTE: Registered Agent signature required when registering)

Date:

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	RUSSELL SANDS
NAME	SANDS, RUSSELL J	1.2 NAME	1361 S. FEDERAL HWY #103
STREET ADDRESS	1800 NE 114 ST #401	1.3 STREET ADDRESS	BOCA RATON, FL. 33432
CITY-ST-ZIP	MIAMI FL 33181	1.4 CITY-ST-ZIP	
TITLE		2.1 TITLE	
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information included 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 trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13, has changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6/15/96 (402) 394-5308

CR2E034 (3/96)