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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P94000083232 (6)

TURN-KEY TECHNOLOGIES, INC.

**FILED** May 09 1997 8:00am Secretary of State

					D(1)	
Principal Place of Business Mailing Address				r samtismas und finist dieter Gaber deben detiar intell siete stille stute tilde stute tild.		
426 HENKEL C Winter Park US		P. O. BOX 3314 WINTER PARK FL 32780-3314 US		4.		
03		00		3. Date Incorporated or Qualified	1 .	
				11/10/1994	05/01/1996	
	lace of Business	2a. Mailing Address		4. FEI Number	Applied For	
21	4 -1-	Suite, Apt. #, etc.	·	65-0535339	Not Applicable	
Suite, Apt		27		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & Stat	е	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country	Zip	Country	8. This corporation has liability for	70000101000	
24	25	29	30		Yes No	
	9. Name and Address of Curre			10. Name and Address of New I		
SCL	ARRETTA, STEVEN A		81 Name S	TUART E. KIRSCH	Γ	
	O GLADES ROAD, STE. 355		82 Street Add	dress (P.O. Box Number is Not Accept	able)	
	CA RATON FL 33431		426			
			83			
			84 City 3.1	^	85 Zip Code	
			W	INTER PARK	FL   32789	
office or r	registered agent or both in the State	e of Fiorida. Such change wa	s authorized by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered	
	im familiar with, and accept the oblig			سيد ا	F-1-07	
SIGNATURE	Street ElCinc Signature, typed or punied name of registered ag	ont and tills if applicable (N	RT E KIRSCH	lited when reinstalion)	DATE	
12.		ID DIRECTORS	13.		ICERS AND DIRECTORS IN 12	
JITLE	P	☐ DELETE	1.1 TITLE		Change Addition	
NAME	KIRSCHT, CRISTINA BACAR		1.2 NAME			
STREET ADDRESS	426 HENKEL CIRCLE		1.3 STREET ADDRESS			
CITY - S1 - ZIP	WINTER PARK FL		1,4 CITY - ST - ZIP			
TILE		DELETE	2.1 TITLE		Change Addition	
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
City-S1-ZiP			2. 4 CITY-ST-ZIP			
THLE		DELETE	3.1 TITLE		Change Addition	
NAME			3.2 NAME			
STREET ADDRESS			3.3 STREET ADDRESS			
CITY - ST - ZIP		T DELETE	3.4. CITY-ST-ZIP			
TIFLE		☐ DELETE	4.1 TITLE		Change Addition	
NAME			4. 2 NAME			
STREET ADDRESS			4.3 STREET ADDRESS			
City - S1 - Z#*		DELETE	4.4 CITY+ST-ZIP		Change Addition	
111LF		f"] nertie	5.1 TITLE		CT OFFICE CT MODISTORY	
NAME			5.2 NAME			
STREET ADORESS			5.3 SYREET ADDRESS			
CITY-ST-ZIP		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE	······································	Change Addition	
TITLE		□ brrtie	6.2 NAME		El cutulle El vocilión	
NAME						
STREET ADDRESS			6.3 STREET ADDRESS			
City-St-7#	ļ		6.4 CITY - ST - ZIP			

14. I do 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 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 attachment with an address.

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #