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 # P9500009132 (8)

TURNKEY CONSTRUCTION SERVICES, INC.

Principal Place of Business

10800 SW 166 TERR MIAMI FL 33157 Mailing Address

10800 SW 166 TERR MIAMI FL 33157-2902

FILED May 09 1997 8:00am Secretary of State



MINIMI IL VVIO	•	Million I & AAIA1 #AAF			,			
	D_CW 184 TENACE				02/03/1995 05/0		te of Last Report)1/1996	
2. Principal P	lace of Business	2a. Mailing Address 1054	10 SW 1	184 124	4. FEI Number		Applied For	
21 -7077 Suite, Apt.	15W 167 STILLET	26] -/084/- SW /	47-31	7. 110.6 -7	65-0558380		Not Applicable	
22 Suite, Apt.	#, etc.	├ ₁			5. Certificate of Status Desired	4 1 7 7 7	75 Additional e Required	
City & State	0	City & State			6. Election Campaign Financing		.00 May Be	
23 MIAM					Trust Fund Contribution		ded to Fees	
Zip	Country	Zip	Country	·····	8. This corporation has liability for			
24 33/5	57 25		0	Control of the second		🗶 Yes 🗌 No		
	9. Name and Address of Current	Registered Agent		1-:::	10. Name and Address of New R	egistered Agent		
	ES, ROOSEVELT K		81	Name				
	00 SW 166 TERR		82		ess (P.O. Box Number is Not Accepta	ible)_		
MIAI	MI FL 33157		83	· / 6	1841 SW 167 STRE	_		
			83	10	0540 SW 184 TA	enace		
			84	City		 85	Zig Code 33157	
B. Dissources	to the provisions of Continue CO2 Of CO	and COZ 15 DO Llasida Ciatutas	the open		YIAM (FL	33157	
office or r	to the provisions of Sections 607.0502 egistered agent, or both, in the State c m familiar with, and accept the obligat	f Florida. Such change was au	thorized by	the corporation	on's board of directors. I hereby acco	opt the appointmen	ng its registered	
•		ions of, Section 607.0505, Flori	da Statutes	S.				
SIGNATURE	Signature, typed or printed name of registered agent	and title if approable. (NOTE: 6	Registered Apo	nt signature require	e when (cinstating)	DATE		
12.	OFFICERS AND		13.	<u> </u>	ADDITIONS/CHANGES TO OFFI		TORS IN 12	
TITLE	D	☐ DECEDE	1.1 TILLE			☐ Cha	nge Addition	
NAME	JONES, ROOSEVLET K		1.2 NAME					
STREET ADDRESS	10800 SW 166 TERR		1.B STREET	ADDRESS				
CITY-ST-ZIP	MIAMI FL 33157		1.4 CITY - S	1 - ZIP				
TITLE		☐ DELETE	2.1 Title			☐ Cha	nge 🔲 Addition	
NAME			2 P NAME					
STREET ADDRESS			2 B STREET			e e e		
CITY-ST-ZIP		T DELETE	2 4 CITY-	ST-ZIP	***		and Address	
TITLE		☐ DELETE	3.1 THLE			Cha	nge Addition	
NAME			3.P NAME	- Induced				
STREET ADDRESS			3 \$ STREET					
CITY-ST-ZIP TITLE		DELLTE	3.4. C(1Y - 5 4.1 T() (f	51 · ZIP		Cha	nge Addition	
NAME		E DECEME	4. 2 NAME			ن ا	iido 🗀 vaqiiiqii	
STREET ADDRESS			4. 2 NAME 4.8 STREET	2239004				
CITY-ST-ZIP			4.8 STREET					
TOLE		DELETE	5.1 THE	211		Cha	nge Addition	
NAME			5 P NAME					
STREET ADDRESS			5.8 STREET	ADDRESS				
CITY-ST-ZIP			5.4 C(1Y - S					
TITLE		DELETE	6.4 TITLE			Cha	nge Addition	
NAME :	4.9		6.P NAME			- 7		
STREET ADORESS	l , ĝ		6.8 STREET	ADDRESS				
CITY-ST-ZIP			6.4 CITY - S					

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 attackment with an address.