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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000054426 (8)

TURNKEY USA, INC.

Principal Place of Business

CITY - ST - ZIP

appears in Block 12

SIGNATURE:

4291 WOODBRIER DR. 4251 WOODBRIER DR FT MYERS FL 33905 FT. MYERS FL 33905-6415 3. Date Incorporated or Qualified 3a. Date of Last Report 07/04/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a, Mailing Address Applied For 65-0600049 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & Stale City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees 23 28 Ζıp Country Country 8. This corporation has liability for intangible tax under s. 199.032, Yes X No Florida Statutes 30 29 24 25 9. Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 81 Name HUTH, DIANE C 4251 WOODBRIER DR Street Address (P.O. Box Number is Not Acceptable) FT MYERS FL 33905 83 City 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, and familiar willy, applications of Section 607.0505, Florida Statutes. SIGNATURE (96/6)12 OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change Addition 1.1 TITLE THE HUTH, DIANE NAME 1.2 NAME CR2E034 4251 WOODBRIER DR 1.3 STREET ADDRESS STREET ADDRESS FT MYERS FL 33905 CITY - \$1 - ZIP 14 CITY - ST - ZIP en E. Clauss Addition Change DELETE 21 TITLE TIFLE 22 NAME NAME 4291 Woodbrier Dr 2.3 STREET ADDRESS STREET ADDRESS 2. 4 CITY - ST - ZIP CHY-ST-ZIF DELETE Change Addition THE 3 S TITLE Vice President NAME 3.2 NAME Gordon Woodbyler STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY - ST - ZIP CHIY-SI-ZIF DELETE Change Addition TITLE 4.1 TITLE NAME 4 2 NAME STREET ADDRESS 43 STREET ADDRESS 4.4 DITY-ST-ZIP COY-\$1-Z-P DELETE 5.1 TITLE Change Addition TITLE 5.2 NAME MAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP CHY-ST-ZIP Change Addition DELETE 6.1 TITLE TOTALE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP 14. I do hereby certily 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

nment with an address.

FILED Apr 22 1997 8:00am Secretary of State

