

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

FILED
Apr 27, 1999 8:00 am
Secretary of State

04-27-1999 90200 050 ***150.00

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| PROFIT CORPORATION ANNUAL REPORT 1999 |  | FLORIDA DEPARTMENT OF STATE Katharine Harris Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # P95000054426

1. Corporation Name
TURNKEY USA, INC.



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| Principal Place of Business 4251 WOODBRIER DR FT MYERS FL 33905 | Mailing Address 4291 WOODBRIER DR. FT. MYERS FL 33905 |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|--|--|--|---|--|
| 2. Principal Place of Business 21 7360 S.W. 121 ST | | 2a. Mailing Address 26 7360 SW 121 ST. | | 3. Date Incorporated or Qualified 07/04/1995 | |
| 22 Suite, Apt. #, etc. | | 27 Suite, Apt. #, etc. | | 4. FEI Number 65-0600049 | |
| 23 City & State Miami, FL | | 28 City & State Miami FL | | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required | |
| 24 Zip 33156 25 Country USA | | 29 Zip 33156 30 Country USA | | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| | | | | 8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

| | | | | | | | |
|--|--|------------------------|--|--|--|--|--|
| 9. Name and Address of Current Registered Agent HUTH, DIANE C 4251 WOODBRIER DR - FT MYERS FL 33905 | | | | 10. Name and Address of New Registered Agent | | | |
| 81 Name | | | | | | | |
| 82 Street Address (P.O. Box Number is Not Acceptable) | | 7360 SW 121 ST. | | | | | |
| 83 | | | | | | | |
| 84 City | | Miami | | 85 Zip Code 33156 | | | |

11. Pursuant to the provisions of Sections 607.0501 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 provisions of Section 607.0505, Florida Statutes.

SIGNATURE: *[Signature]* DATE: **4/16/99**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|------------------------------------|---|--|
| TITLE | P <input type="checkbox"/> DELETE | 1.1 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | HUTH, DIANE | 1.2 NAME | |
| STREET ADDRESS | 4251 WOODBRIER DR | 1.3 STREET ADDRESS | 7360 S.W. 121 ST. |
| CITY-ST-ZIP | FT MYERS FL 33905 | 1.4 CITY-ST-ZIP | Miami, FL 33156 |
| TITLE | ST <input type="checkbox"/> DELETE | 2.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLAUSS, HELEN E. | 2.2 NAME | |
| STREET ADDRESS | 4291 WOODBRIER DR. | 2.3 STREET ADDRESS | 7360 SW 121 ST. |
| CITY-ST-ZIP | FT MYERS FL | 2.4 CITY-ST-ZIP | Miami FL 33156 |
| TITLE | VP <input type="checkbox"/> DELETE | 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | CLAUSS, GORDON J. | 3.2 NAME | |
| STREET ADDRESS | 3415-10 W 19TH ST | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL 32405 | 3.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 4.2 NAME | |
| STREET ADDRESS | | 4.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 4.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 5.2 NAME | |
| STREET ADDRESS | | 5.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 5.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | | 6.2 NAME | |
| STREET ADDRESS | | 6.3 STREET ADDRESS | |
| CITY-ST-ZIP | | 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 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 assignment with an address, with all other like empowered.

SIGNATURE: *[Signature]* DATE: **4/16/99** DAYTIME PHONE #: **(305) 255-1290**

CR2E034 (1/98)