SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/1/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION **ANNUAL REPORT**

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # 1. Corporation Name	P95000056087	(6)
---------------------------------	--------------	-----

TURNKEY MECHANICAL SERVICES, INC. Mailing Address Principal Place of Business 1747 VAN BUREN ST SUITE 920 HOLLYWOOD FL 33020 1747 VAN BUREN ST GUITE 920 HOLLYWOOD FL 33020 ____ 3. Date incorporated or Qualified 3a Date of Last Report 07/18/1995 4. FEI Number 65-0599648 2a. Mailing Address Applied For 2. Principal Place of Business 428 S. Dixe they Not Applicable \$8.75 Additional Suite, Apt. #, etc. 5. Certificate of Status Desired Fee Required 22 \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes Yes D No 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name Robert WEINSTEIN, ROBERT Street Address (P.O. Box Number is Not Acceptable) 82 1747 VAN BUREN ST SUITE 920 HOLLYWOOD FL 33020 83 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 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, Specion 607.0505, Florida Statutes.

SIGNATURE asten. President Ragistered Agent's gnature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. DELETE 1 1 TITLE TITLE 1.2 NAME WEINSTEIN, ROBERT NAME 1747 VAN BUREN ST SUITE 920 1.3 STREET ADDRESS STREET ADDRESS 110LLYWOOD FL 33020 14 CITY - ST-ZIP CITY-ST-ZIP DELETE 2.1 TITLE Change Addition TITLE STRICKLAND, MARK 2.2 NAME NAME 1747 VAN BUREN ST SUITE 920 2 3 STREET ADDRESS STREET ADDRESS HOLLYWOOD FL 33020 CITY - ST - ZIP 2.4 CITY -ST-ZIP Change Addition DELETE 31 TITLE TITLE 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS 34 CiTY-ST-ZIP CITY-ST-ZIP Change Addit on DELETE 41 THILE TITLE NAME 4 2 NAME 4.3 STREET ADDRESS STREET ADORESS 4 4 CITY - ST - ZIP CITY - ST - 2IP DELETE Change Addition 51 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 54 City - ST- ZIP 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

61 TITLE

62 NAME

6.3 STREET ADDRESS

6 4 CITY - ST - ZIP

DELETE

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

Robert Weinstein 6/11/96

Change Addition

(96/8)

CR2E034