

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000063843 (3)

1. Corporation Name

TURNBERRY FINANCIAL SERVICES, INC.



Principal Place of Business

19575 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33180

Mailing Address

19575 BISCAYNE BOULEVARD
NORTH MIAMI BEACH FL 33180

3. Date Incorporated or Qualified

08/17/1995

3a. Date of Last Report

4. FEI Number

65-0647871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

☒ Yes ☐ No

9. Name and Address of Current Registered Agent

IGLER & DOUGHERTY, P.A.
1501 PARK AVENUE, EAST
TALLAHASSEE FL 32301

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 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. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when re-registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD ☐ DELETE
NAME LAZZERI, GUY
STREET ADDRESS C/O 19575 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE
NAME DISKIN, LAWRENCE
STREET ADDRESS C/O 19575 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE
NAME JORDAN, CASTLE
STREET ADDRESS C/O 19575 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE
NAME MATZ, RUBEN
STREET ADDRESS C/O 19575 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE
NAME MEYER, ARNOLD
STREET ADDRESS 19575 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

TITLE D ☐ DELETE
NAME YOUNG, ROARK
STREET ADDRESS C/O 19575 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

3.1 TITLE ☐ Change ☐ Addition
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/22/96

Date

305-931-7100

Daytime Phone #

CR2E034 (12/95)

3/18/96

PS