

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 MAY 22 PM 3:48

DOCUMENT # P95000063843

1. Corporation Name

Turnberry Financial Services, Inc.

Principal Place of Business

Mailing Address

Turnberry Financial Services, Inc.
20295 N.E. 29th Place
Aventura, FL 33180
Attn: Douglas J. Helsper, VP/CFO

3. Date Incorporated or Qualified

8/17/95

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21 20295 NE 29 Place

26 same

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Aventura, FL

28

Zip

Country

Zip

Country

24 33180

25

USA

29

30

4. FEI Number

65-0647871

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes ☐ Yes ☐ No

Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Igler & Dougherty, P.A.
19575 Biscayne Blvd.
N. Miami Beach, FL 33180

81 Name

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

83

400002190904-5

-05/27/97--01016--002

84 City

****165.00 ****165.00

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 true if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P D ☐ DELETE
NAME Russell Rice
STREET ADDRESS 20295 N.E. 29 Pl.
CITY-ST-ZIP Aventura, FL 33180

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

TITLE C D ☐ DELETE
NAME Roark Young, Young Stovall
STREET ADDRESS 9627 S. Dixie Hwy.
CITY-ST-ZIP Miami, FL 33156

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

TITLE D ☐ DELETE
NAME Castle Jordan
STREET ADDRESS 606 Hi-Stirrup
CITY-ST-ZIP Horseshoe Bay, TX 78657

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

TITLE D ☐ DELETE
NAME Ruben Matz, The Exit Shops
STREET ADDRESS 2700 Biscayne Blvd.
CITY-ST-ZIP Miami, FL 33126

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

TITLE D ☐ DELETE
NAME Arnold Meyer
STREET ADDRESS 19797 Turnberry Way #22 AB
CITY-ST-ZIP Aventura, FL 33180

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

TITLE ☐ DELETE
NAME
STREET ADDRESS
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 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 attachment with an address.

SIGNATURE:

Russell Rice, President
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/20/97 (305) 931-7100

Date

Daytime Phone #

CR2E034 (9/96)