

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

FILED
Jan 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000063843 (3)

1. Corporation Name

TURNBERRY FINANCIAL SERVICES, INC.

Principal Place of Business

ATTN: DOUGLAS J. HELSPER
20295 N.E. 29TH PLACE
AVENTURA FL 33180

Mailing Address

ATTN: DOUGLAS J. HELSPER
20295 N.E. 29TH PLACE
AVENTURA FL 33180

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

08/17/1995

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 owes or has paid the current year Intangible
Personal Property Tax due Jurfe 30. ☒ Yes ☐ No

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

24 Country

28 Zip

29 Country

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

IGLER & DOUGHERTY, P.A.
10576 BICAYNE BLVD. 1501 Park Ave. East
N. MIAMI BEACH FL 33180 Tallahassee, FL
32301

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 reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD ☐ DELETE
NAME RICE, RUSSELL
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 CD ☐ DELETE
NAME YOUNG, ROARK
STREET ADDRESS YOUNG STOVALL, 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 JORDAN, CASTLE
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 MATZ, RUBEN
STREET ADDRESS THE EXIT SHOPS, 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 MEYER, ARNOLD
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 D ☒ DELETE
NAME YOUNG, ROARK
STREET ADDRESS C/O 19575 BISCAYNE BOULEVARD
CITY-ST-ZIP NORTH MIAMI BEACH FL 33180

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
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 attachment with an address.

SIGNATURE:

[Signature] President

1/8/98

(305)-931-7100 X100

CR2E034 (10/97)