

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 16, 1999 8:00 am
Secretary of State

04-16-1999 90076 031 ***150.00

DOCUMENT # P95 000075069

1. Corporation Name

Diane Turton, Realty, Inc.

Principal Place of Business

Mailing Address

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
9-26-95

2. Principal Place of Business

21 50 Beach Road

2a. Mailing Address

26 50 Beach Road

4. FEI Number

Applied For

☒ Not Applicable

Suite, Apt. #, etc.
22 Unit 402

Suite, Apt. #, etc.
27 Unit 402

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

City & State
23 Tequesta, Fl

City & State
28 Tequesta, Fl

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

Zip Country
24 33469 25 Palm Beach

Zip Country
29 33469 30 Palm Beach

8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Diane S. Turton

81 Name

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

50 Beach Road

83 Unit 402

84 City Tequesta

FL

85 Zip Code
33469

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 Diane S. Turton P/D

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

(NOTE: Registered Agent signature required when reinstating)

DATE

3-23-99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P/D
NAME Diane S. Turton ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE V/D
NAME Alan B. Turton ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

TITLE D
NAME David Turton ☐ DELETE

STREET ADDRESS

CITY-ST-ZIP

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1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

☐ Change ☐ Addition

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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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3-23-99

732-295-9600

DIANE S. TURTON P/D

CR2E034 (1/98)