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FILED
Apr 23 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000088387 (2)

1. Corporation Name
TURNKEY PROPERTY MAINTENANCE, INC.

Principal Place of Business
1550 NORTHEAST 104 STREET
MIAMI SHORES FL 33138

Mailing Address
1550 NORTHEAST 104 STREET
MIAMI SHORES FL 33138



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 628 Sixth St.	26 628 Sixth St.		
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State Miami Beach FL		28 City & State Miami Beach, FL	
24 Zip 33139	25 Country USA	29 Zip 33139	30 Country USA

3. Date Incorporated or Qualified 11/17/1995	
4. FEI Number 65-0619270	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
CASTILLA, CLAUDIO 1550 NE 104 ST MIAMI SHORES FL 33138		81 Name Timothy J. Voda	82 Street Address (P.O. Box Number is Not Acceptable) 628 Sixth St.
		83	
		84 City Miami Beach FL	85 Zip Code 33139

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 4/6/98
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	NAME	1.1 TITLE	1.2 NAME
STREET ADDRESS	1550 NORTHEAST 104 STREET	1.3 STREET ADDRESS	628 Sixth St.
CITY - ST - ZIP	MIAMI SHORES FL 33138	1.4 CITY - ST - ZIP	Miami Beach, FL 33139
TITLE	NAME	2.1 TITLE	2.2 NAME
STREET ADDRESS		2.3 STREET ADDRESS	
CITY - ST - ZIP		2.4 CITY - ST - ZIP	
TITLE	NAME	3.1 TITLE	3.2 NAME
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	NAME	4.1 TITLE	4.2 NAME
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	NAME	5.1 TITLE	5.2 NAME
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	NAME	6.1 TITLE	6.2 NAME
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		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 4/6/98 305 673 1940

CR2E034 (10/97)