

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 29, 1999 8:00 am
Secretary of State

04-29-1999 90041 044 ***150.00

DOCUMENT # P96000005158

1. Corporation Name
TURNKEY VACATIONS, INC.



Principal Place of Business

% SHELDON EVANS, P.A.
6175 N.W. 153RD ST. SUITE 215
MIAMI LAKES FL 33014

Mailing Address

% SHELDON EVANS, P.A.
6175 N.W. 153RD ST. SUITE 215
MIAMI LAKES FL 33014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/16/1996

2. Principal Place of Business

21 **6175 N.W. 153rd St.**

2a. Mailing Address

26 **6175 N.W. 153rd St.**

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 **Suite 312**

27 **Suite 312**

City & State

City & State

23 **Miami Lakes, FL**

28 **Miami Lakes, FL**

Zip Country

Zip Country

24 **33014** 25 **US**

29 **33014** 30 **US**

4. FEI Number

65-0641619

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

9. Name and Address of Current Registered Agent

SHELDON EVANS, P.A.
6175 N.W. 153RD ST.
SUITE 215
MIAMI FL 33014

10. Name and Address of New Registered Agent

81 Name **Sheldon Evans, P.A.**

82 Street Address (P.O. Box Number is Not Acceptable)
6175 N.W. 153rd St.

83 **Suite 312**

84 City **Miami Lakes,**

FL 85 **33014**

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

TITLE **PD** ☐ DELETE
NAME **KRINGEL, JOHN G**
STREET ADDRESS **6175 N.W. 153RD ST. SUITE 215**
CITY-STATE-ZIP **MIAMI LAKES FL 33014**

TITLE **VTSD** ☐ DELETE
NAME **LUKRICH, SUSAN C**
STREET ADDRESS **6175 N.W. 153RD ST. SUITE 215**
CITY-STATE-ZIP **MIAMI LAKES FL 33014**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE **PD** ☒ Change ☐ Addition
1.2 NAME **Kringel, John G.**
1.3 STREET ADDRESS **6175 N.W. 153rd ST., Suite 312**
1.4 CITY-STATE-ZIP **Miami Lakes, FL 33014**

2.1 TITLE **VTSD** ☒ Change ☐ Addition
2.2 NAME **Lukrich, Susan C.**
2.3 STREET ADDRESS **6175 N.W. 153rd St., Suite 312**
2.4 CITY-STATE-ZIP **Miami Lakes, FL 33014**

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

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

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

6.1 TITLE ☐ Change ☐ Addition
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-STATE-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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/14/99
Date

(650) 390 9026
Telephone #

CR2E034 (11/98)

0130294