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

PROFIT (CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9600009473

TURGEON ENTERPRISES, INC.

FILED Feb 09, 1999 8:00am **Secretary of State**

02-09-1999 90003 025 ***150.00



Principal Place of Business Mailing Address						I BURN OURSE INSID OCOL	
P. O. BOX 1562 P. O. BOX 1562							•
	ACH FL 33061	POMPANO BEACH FL 3306	1				
					DO NOT WRITE IN	THIS SPACE	
					3. Date Incorporated or Qualifed		
					01/29/1996		
2. Principal F	Place of Business **	2a. Mailing Address			4. FEI Number	A	pplied For
21	4, 37	26			65-0645281	<u> </u>	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75	Additional
27					5. Certifcate of Status Desired	•	equired
City & State City & State					6. Election Campaign Financing	\$5.00	May Be
23 28					Trust Fund Contribution		to Fees
Zip			Country		8. This corporation owes the current ve		
24	25 29 30		30	-	Personal Property Tax.	☐ Yes	⊠ No
	9. Name and Address of Current			•	10. Name and Address of New Regist	ered Agent	
81 Name							
ALBERTINE, MICHAEL O							
2200 W. COMMERCIAL BOULEVARD			8	2 Street Add	et Address (P.O. Box Number is Not Acceptable)		
SUITE 301			8	-		10 2 5 0 0 0 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	* * * * * *****
1	IT LAUDERDALE FL 33309		0	3			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
106	IT ENOBERDALL I E 33309		8	4 City		85 Zip	Code
	View.	and the second second				<u>FL </u>	
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 OFFICER	S AND DIRECTO	DRS IN 12
TITLE	D	☐ DELETE	1.1 TITLE		31121	☐ Change	☐ Addition
NAME	TURGEON, PAULA		1.2 NAME	:			
STREET ADDRESS				ET ADORESS			
CITY-ST-ZIP POMPANO BEACH FL 33061			1.4 CITY-	i			
TITLE	,	☐ DELETE	2.1 TITLE			Change	Addition
NAME			2.2 NAME		•		
STREET ADDRESS	, % ***		1	ET ADDRESS			ţ.
CITY-ST-ZIP			2.4 CITY-		<u> </u>		
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NAME 7	Brown Harrison		3.2 NAME		•		ŀ
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TITLE	[☐ DELEIE	5.1 TITLE		* * * * * * * * * * * * * * * * * * *	Change	Addition
NAME			5.2 NAME	- 1		•	
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NAME .	O COMPANY	•	6.2 NAME				1
STREET ADDRESS			6.3 STREE	T ADDRESS	·	•	ł
CITY-ST-ZIP			6.4 CITY-	- 1	•		ļ
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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.

