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

Mailing Address

SLITE H

1001 WEST JASMINE DRIVE

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business

1001 WEST JASMINE DRIVE

Suite H

CITY-S1-Zir

SIGNATURE:

appears in Block 12 or Block 13 if changed, or on an attachment with an address.



FLORIDA DEPARTMENT OF STATE

FILED

Jun 02 1997 8:00am

Secretary of State

(96/6)

561.747-0621

Santa & Storikar

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000054341 (8)

TURNKEY DATA SYSTEMS, INC.

LAKE PARK FL 33403 LAKE PARK FL 33403-2119 3. Date Incorporated or Qualified 3a. Date of Last Report 06/25/1996 4. FEI Numbe 2. Principal Place of Business 2a. Mailing Address Applied For 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Country Zιο Country Zip 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent - CORPORATE CREATIONS ENTERPRISES, INC. OLOWIN MICHAEL "-4521 PGA BLVD.--82 Street Address (P.O. Box Number is Not Acceptable) -SUITE 211 1001 W. JASMING SUITE -PALM BEACH GARDENS FL 33418-83 *3*7477 84 City 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. Glan Styruture, typed or provid name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE TITLE 1.1 TITLE Change Addition OLOWIN, MICHAEL J NAME 1.2 NAME % 1001 WEST JASMINE DR. SUITE H 1.3 STREET ADDRESS STREET ADDRESS LAKE PARK FL 33403 CITY - ST - ZIP 1.4 City - ST - ZIP DELETE Change Addition TOLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CHY-ST-ZII 2 4 CITY-ST-ZIP DELETE Change Addition 3.1 TITLE THE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP C-TY-ST-ZIP DELETE Change Addition THEF 4.1 HILE NAME 4. 2 NAME STHEET AGORESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY -\$1 - 710 DELETE THEF 5.1 TITLE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP CITY-SI-7/2 DELETE 6.1 TITLE Addition THEE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

14. I do hereby certily 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