

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
Mar 05, 1999 8:00 am
Secretary of State

03-05-1999 90047 014 ***150.00

DOCUMENT # P96000054341

1. Corporation Name

TURNKEY DATA SYSTEMS, INC.



Principal Place of Business

1001 WEST JASMINE DRIVE
SUITE H
LAKE PARK FL 33403

Mailing Address

~~1001 WEST JASMINE DRIVE~~
~~SUITE H~~
~~LAKE PARK FL 33403~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/25/1996

4. FEI Number

65-0685234

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

25 Country

2a. Mailing Address

26 6186 HOLLYWOOD ST

27 Suite, Apt. #, etc.

28 PALM BEACH GARDENS, FL

29 Zip

33418

30 Country

USA

9. Name and Address of Current Registered Agent

OLWIN, MICHAEL

~~1001 W JASMINE~~

~~STE H~~

~~LAKE PARK FL 33477~~

81 Name

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

6186 HOLLYWOOD ST

83

84 City

PALM BEACH GARDENS, FL

85 Zip Code

33418

10. Name and Address of New Registered Agent

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

Michael J. Olwin

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

(NOTE: Registered Agent signature required when reinstating)

DATE

2/19/99

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME OLOWIN, MICHAEL J
STREET ADDRESS ~~1001 WEST JASMINE DR. SUITE H~~
CITY-ST-ZIP ~~LAKE PARK FL 33403~~

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
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CITY-ST-ZIP

TITLE ☐ DELETE

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TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS 6186 HOLLYWOOD ST.

1.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

2.1 TITLE PRESIDENT ☐ Change ☒ Addition

2.2 NAME LILA OLOWIN

2.3 STREET ADDRESS 6186 HOLLYWOOD ST.

2.4 CITY-ST-ZIP PALM BEACH GARDENS, FL 33418

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

Michael J. Olwin
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

2/19/99 561-881-8190

CR2E034 (11/98)