OCUME	NT#	P960	0005	54341

1. Entity Name

TURNKEY DATA SYSTEMS, INC.

Principal Plac	ce of Business	Mailing Address									
1001 WEST JA SUITE H LAKE PARK FL	SMINE DRIVE	6186 HOLLYWOOD ST PALM BEACH GARDENS FL 33418 US									
					1111		RIN a c hiri ca ille ca ill	eril erin elil e		ar i (1 1) (120)	
2. Principal F	Place of Business Huily Woog ST.	3. Mailing Address									
Suite, Apt	. #, etc.	Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE						
City & Star		City & State			4. FEI Nu	4. FEI Number 65-0685234				pplied For ot Applicable	
Zip	_ 27428 Country	Zip	Country		5. Certific	ate of S	Status Desired		8.75 Ad ee Require		
	6. Name and Address of Current F	Registered Agent			7. Name	and Ad	dress of New R	legistered Ag	ent		
	SANNI ANGLIACI	•	Name	I							
	WIN, MICHAEL B HOLLYWOOD ST		Street	Street Address (P.O. Box Number is Not Acceptable)							
	M-BEACH GARDENS FL-33418		-				·	-			
			City	JUP	77.578			FL	Zig Cgr	\$58	
9. The above	e named entity submits this statement for	the purpose of changing its re-	gistored office			hoth is	the State of Ele		33	730	
o. The above	married energy submits this statement for	The purpose of changing its re	gistered office	or registere	u agent, or	DOIII, II	T the State Of Fit	,	,		
SIGNATURE	Mill !	Ilmi mic	MAER J	OL	שיש			4/251	01		
QIGITITIES	Signature, typed or printed name of registered agent ar	nd title if applicable. (NOTE: Re	egistered Agent sign	nature required w	rhen reinstating)		DATE			
9. This corporation is eligible to satisfy its Intangible Tax filing requirement and elects to do so. (See criteria on back) FILE NOW!!! F After MAY 1, 2001 I Make Check Payable to		Fee will be	ee will be \$550.00			n Campaign Fin und Contributio			00 May Be d to Fees		
11.	OFFICERS AND D	DIRECTORS	12.		ADDITIO	NS/CH/	ANGES TO OFF	ICERS AND D	IRECTOR		
TITLE	D COMPANIANT AND MARKET	☐ Delete	TITLE						☐ Change	Addition	
NAME STREET ADDRESS	OLOWIN, MICHAEL J 6186 HOLLYWOOD ST		NAME STREET ADDRESS								
CITY-ST-ZIP _	PALM BEACH GARDENS FL 3341	β	CITY-ST-ZIP		UPITE	270	FL	J34.	58		
TITLE	Р	☐ Delete	TITLE						Change	Addition	
NAME	OLOWIN, LILA		NAME	i .							
STREET ADDRESS CITY-ST-ZIP	6186 HOLLYWOOD ST	0	STREET ADDRESS CITY-ST-ZIP		P. 725	~	FL	コフィ	(C B		
TITLE	PALM BEACH GARDENS FL 3341	□ Delete	TITLE	134	<i>ار (اح</i>	/_			Change	☐ Addition	
NAME		L_r Delete	NAME					L-	_ change	L Addition	
STREET ADDRESS) · · · · · · · · · · · · · · · · · ·		STREET ADDRESS	; [1	
CITY-ST-ZIP			CITY-ST-ZIP								
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NAME			NAME STREET ADODESS							}	
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NAME		□ Delete	NAME					L	_ onango		
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CITY-ST-ZIP			CITY-ST-ZIP								
TITLE		☐ Delete	TITLE	1					Change	☐ Addition	
NAME STREET ADDRESS			NAME STREET ADORESS								
STILL AUDIESS			SHILL MUURESS	' 1						1	

13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

CITY-ST-ZIP

SIGNATURE:

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

MICHAEL