

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

FILED
 SECRETARY OF STATE
 DIVISION OF CORPORATIONS

97 JUL 22 AM 11:49

DOCUMENT # P 96000058317
 1. Corporation Name

TURTLE BAY, INC.

Principal Place of Business

Mailing Address

**631 U.S. Highway 1, #303
 North Palm Beach, FL 33408**

3. Date Incorporated or Qualified
7/11/96

3a. Date of Last Report
5/6/97

2. Principal Place of Business
21 712 U.S. Highway One

2a. Mailing Address
26 712 U.S. Highway One

4. FEI Number
65-0686514

Applied For
 Not Applicable

Suite, Apt. #, etc.
22 Ste 400

Suite, Apt. #, etc.
27 Ste 400

5. Certificate of Status Desired **\$8.75 Additional Fee Required**

City & State
23 North Palm Beach, FL

City & State
28 North Palm Beach, FL

6. Election Campaign Financing Trust Fund Contribution **\$5.00 May Be Added to Fees**

Zip Country
24 33408 25 Palm Beach

Zip Country
29 33408 30 Palm Beach

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Corporation Service Company
 1201 Hays Street
 Tallahassee, FL 32301**

81 Name
FRED C. COHEN

82 Street Address (P.O. Box Number is Not Acceptable)
Cohen, Chernay, Norris, et al

83
712 U.S. Highway One, Ste 400

84 City **North Palm Beach, FL** 85 Zip Code **33408**

11. Pursuant to the provisions of Sections 607.050 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 re-issuing)

DATE

12. OFFICERS AND DIRECTORS

TITLE **PVST/D** DELETE

NAME **Pastiaan S. Smallegange**
 STREET ADDRESS **631 U.S. Highway 1, #303**
 CITY-ST-ZIP **No. Palm Beach, FL 33408**

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
 STREET ADDRESS
 CITY-ST-ZIP

TITLE DELETE

NAME
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 CITY-ST-ZIP

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

11 TITLE Change Addition

12 NAME **David Trombley**
 13 STREET ADDRESS **39 St. Thomas Drive**
 14 CITY-ST-ZIP **Palm Beach Gardens, FL 33418**

21 TITLE Change Addition

22 NAME
 23 STREET ADDRESS **600002245756--2**
-07/23/97--01128--002
*******61.25 *****61.25**

31 TITLE Change Addition

32 NAME
 33 STREET ADDRESS
 34 CITY-ST-ZIP

41 TITLE Change Addition

42 NAME
 43 STREET ADDRESS
 44 CITY-ST-ZIP

51 TITLE Change Addition

52 NAME
 53 STREET ADDRESS
 54 CITY-ST-ZIP

61 TITLE Change Addition

62 NAME
 63 STREET ADDRESS
 64 CITY-ST-ZIP

14. I do 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 agent 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 a separate attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE DAYTIME PHONE #

JUL 22 1997

July 9th '97

CR2E034 (9/96)