

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	<input checked="" type="checkbox"/> DELETE
NAME	Pastiaan S. Smallegange	
STREET ADDRESS	631 U.S. Highway 1, #303	
CITY-ST-ZIP	No. Palm Beach, FL 33408	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE	PVST/D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
12 NAME	David Trombley	
13 STREET ADDRESS	39 St. Thomas Drive	
14 CITY-ST-ZIP	Palm Beach Gardens, FL 33418	
21 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME		
23 STREET ADDRESS	600002245756--2	
24 CITY-ST-ZIP	-07/23/97--01128--002	
31 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	*****61.25 *****61.25	
33 STREET ADDRESS		
34 CITY-ST-ZIP		
41 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME		
43 STREET ADDRESS		
44 CITY-ST-ZIP		
51 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME		
53 STREET ADDRESS		
54 CITY-ST-ZIP		
61 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> 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)