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 Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90110 048 ***150.00

T. Corporation	MENT # P97000 In TURENNE, INC.	0040761				1)) 18))) 88)) 860) 66 1 66 1	1(<u>181 (181</u> 188)	
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Principal Place	e of Business	Mailing Address	<u> </u>		r 100011001 110 10111 10011 10111 1011) ((4011) (801 0)	11181 1181 118 1	
1960 WYOTH ST	PAEET	1960 W 9TH STREET				•			
#3 RIVIERA DEAG	~		DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualified						
US DEAG									
(•				05/08/1997				
	Place of Business	2a. Mailing Address			4. FEI Number		 	olied For	ļ
	FISH CREEK SLANE	26 5147778	-		65-0750750			Applicable	ł
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		Į	5. Certifcate of Status Desired		\$8.75 A Fee Re		
22 W / 6 City & Stat	te .	City & State			6. Election Campaign Financing		\$5.00		1
23	"FL	28		}	Trust Fund Contribution		Added to	•	
Zip aa	Country	Zip	Country		8. This corporation owes the curr	ent year Intang	gible		
24 334	$H \mid_{25} \mid P \mid_{\mathcal{B}} \mid$	29	30		Personal Property Tax.			□No	
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New F	Registered Ag	ent		ł
THO	ENNE CUDIC I		81 Na	ame	'				
	ENNE, CHRIS J 3 FISH CREEK LANE		82 St	treet Address	s (P.O. Box Number is Not Accepta	able)			1
	ST PALM BEACH FL 33411		02	***					-
1100	TABII BEACITIE 30411		83						
			84 Ci				85 Zip C	ode	1
				ity		F i			
44 Purcuant	to the provisions of Sections 607 05	02 and 607 1508 Florida Statuti	es the above na	med cornors	ation submits this statement for the	purpose of ch	anging its	registered	
office or a	to the provisions of Sections 607.050 registered agent, or both, in the State	e of Florida. Such change was a	es, the above-na uthorized by the	med cornors	ation submits this statement for the s board of directors. I hereby accep	purpose of ch	anging its	registered gistered	
office or a agent. I a	registered agent, or both, in the State am familiar with, and accept the obliga-	e of Florida. Such change was a	es, the above-na uthorized by the	med cornors	ation submits this statement for the s board of directors. I hereby accep	purpose of ch at the appointm	anging its nent as reg	registered gistered	
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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 abother like empowered.

SIGNATURE:

GRATURE AND TYPED OFFICING OFFICER OR DIRECTOR

nes 45-59 52/689096

Date Daytime Phone #