

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



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

DOCUMENT # P97000091485 (7)

1. Corporation Name  
TURBARY INC.

Principal Place of Business  
110 SOUTHEAST SIXTH STREET  
110 TOWER - 15TH FLOOR  
FORT LAUDERDALE FL 33301

Mailing Address  
110 SOUTHEAST SIXTH STREET  
110 TOWER - 15TH FLOOR  
FORT LAUDERDALE FL 33301

2. Principal Place of Business  
21 1280 W. Palmetto Park Road  
Suite, Apt. #, etc.  
22 Suite 205-N  
City & State  
23 Boca Raton, FL  
Zip 33433  
Country USA

2a. Mailing Address  
26 1280 W. Palmetto Park Rd.  
Suite, Apt. #, etc.  
27 Suite 205-N  
City & State  
28 Boca Raton, FL  
Zip 33433  
Country USA

9. Name and Address of Current Registered Agent

JOHNS, TERRI L  
110 SOUTHEAST SIXTH STREET  
110 TOWER - 15TH FLOOR  
FORT LAUDERDALE FL 33301

3. Date Incorporated or Qualified  
10/21/1997

4. FEI Number  
605-0789168  
Applied For  
Not Applicable  
5. Certificate of Status Desired  
 \$8.75 Additional  
Fee Required  
6. Election Campaign Financing  
Trust Fund Contribution  
 \$5.00 May Be  
Added to Fees  
8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.  Yes  No NA

10. Name and Address of New Registered Agent

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83 1280 W. Palmetto Park Road  
Suite 205N  
84 Boca Raton, FL  
FL 33433  
85 Zip Code

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

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

(NOTE Registered Agent signature required when reinstating)

DATE

| 12. OFFICERS AND DIRECTORS |                                 | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |   |
|----------------------------|---------------------------------|---|---|
| TITLE                      | D                               | <input type="checkbox"/> DELETE                       | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | BECK, JAN S                     |   | 1.2 NAME  |
| STREET ADDRESS             | 110 SOUTHEAST SIXTH STREET #110 |   | 1.3 STREET ADDRESS  |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33301        |   | 1.4 CITY-ST-ZIP   |
| TITLE                      | D                               | <input type="checkbox"/> DELETE                       | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | JOHNS, TERRI L                  |   | 2.2 NAME  |
| STREET ADDRESS             | 110 SOUTHEAST SIXTH STREET #110 |   | 2.3 STREET ADDRESS  |
| CITY-ST-ZIP                | FORT LAUDERDALE FL 33301        |   | 2.4 CITY-ST-ZIP   |
| TITLE                      |                                 | <input type="checkbox"/> DELETE                       | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |   | 3.2 NAME  |
| STREET ADDRESS             |                                 |   | 3.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 |   | 3.4 CITY-ST-ZIP   |
| TITLE                      |                                 | <input type="checkbox"/> DELETE                       | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |   | 4.2 NAME  |
| STREET ADDRESS             |                                 |   | 4.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 |   | 4.4 CITY-ST-ZIP   |
| TITLE                      |                                 | <input type="checkbox"/> DELETE                       | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |   | 5.2 NAME  |
| STREET ADDRESS             |                                 |   | 5.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 |   | 5.4 CITY-ST-ZIP   |
| TITLE                      |                                 | <input type="checkbox"/> DELETE                       | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                                 |   | 6.2 NAME  |
| STREET ADDRESS             |                                 |   | 6.3 STREET ADDRESS  |
| CITY-ST-ZIP                |                                 |   | 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.

SIGNATURE: *John Johns*

4/8/98 (8-1) 367-9772