

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

FILED
Sep 17 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P97000104668

1. Corporation Name:
HARVEY TURNER INC.

Principal Place of Business:
2919 E. Commercial Blvd
Ste A
Ft. Lauderdale, FL
33308

Mailing Address:
2919 E. Commercial Blvd
Ste A
Ft. Lauderdale, FL
33308

2. Principal Place of Business:

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address:

26 State, Apt. #, etc.

27 City & State

28 Zip Country

29

9. Name and Address of Current Registered Agent

Allen H. Katz
2919 E. Commercial Blvd Ste A
Ft. Lauderdale, FL 33308

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 provisions of Sections 607.0602, Florida Statutes.

SIGNATURE: Allen H. Katz

(Print Name of Registered Agent or Secretary of Corporation When Translating)

9-11-98

12. OFFICERS AND DIRECTORS

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY, ST, ZIP
24. TITLE
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. TITLE
29. NAME
30. STREET ADDRESS
31. CITY, ST, ZIP
32. TITLE
33. NAME
34. STREET ADDRESS
35. CITY, ST, ZIP
36. TITLE
37. NAME
38. STREET ADDRESS
39. CITY, ST, ZIP
40. TITLE
41. NAME
42. STREET ADDRESS
43. CITY, ST, ZIP
44. TITLE
45. NAME
46. STREET ADDRESS
47. CITY, ST, ZIP
48. TITLE
49. NAME
50. STREET ADDRESS
51. CITY, ST, ZIP
52. TITLE
53. NAME
54. STREET ADDRESS
55. CITY, ST, ZIP
56. TITLE
57. NAME
58. STREET ADDRESS
59. CITY, ST, ZIP
60. TITLE
61. NAME
62. STREET ADDRESS
63. CITY, ST, ZIP
64. TITLE
65. NAME
66. STREET ADDRESS
67. CITY, ST, ZIP
68. TITLE
69. NAME
70. STREET ADDRESS
71. CITY, ST, ZIP
72. TITLE
73. NAME
74. STREET ADDRESS
75. CITY, ST, ZIP
76. TITLE
77. NAME
78. STREET ADDRESS
79. CITY, ST, ZIP
80. TITLE
81. NAME
82. STREET ADDRESS
83. CITY, ST, ZIP
84. TITLE
85. NAME
86. STREET ADDRESS
87. CITY, ST, ZIP
88. TITLE
89. NAME
90. STREET ADDRESS
91. CITY, ST, ZIP
92. TITLE
93. NAME
94. STREET ADDRESS
95. CITY, ST, ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY, ST, ZIP
100. TITLE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. NAME
2. STREET ADDRESS
3. CITY, ST, ZIP
4. TITLE
5. NAME
6. STREET ADDRESS
7. CITY, ST, ZIP
8. TITLE
9. NAME
10. STREET ADDRESS
11. CITY, ST, ZIP
12. TITLE
13. NAME
14. STREET ADDRESS
15. CITY, ST, ZIP
16. TITLE
17. NAME
18. STREET ADDRESS
19. CITY, ST, ZIP
20. TITLE
21. NAME
22. STREET ADDRESS
23. CITY, ST, ZIP
24. TITLE
25. NAME
26. STREET ADDRESS
27. CITY, ST, ZIP
28. TITLE
29. NAME
30. STREET ADDRESS
31. CITY, ST, ZIP
32. TITLE
33. NAME
34. STREET ADDRESS
35. CITY, ST, ZIP
36. TITLE
37. NAME
38. STREET ADDRESS
39. CITY, ST, ZIP
40. TITLE
41. NAME
42. STREET ADDRESS
43. CITY, ST, ZIP
44. TITLE
45. NAME
46. STREET ADDRESS
47. CITY, ST, ZIP
48. TITLE
49. NAME
50. STREET ADDRESS
51. CITY, ST, ZIP
52. TITLE
53. NAME
54. STREET ADDRESS
55. CITY, ST, ZIP
56. TITLE
57. NAME
58. STREET ADDRESS
59. CITY, ST, ZIP
60. TITLE
61. NAME
62. STREET ADDRESS
63. CITY, ST, ZIP
64. TITLE
65. NAME
66. STREET ADDRESS
67. CITY, ST, ZIP
68. TITLE
69. NAME
70. STREET ADDRESS
71. CITY, ST, ZIP
72. TITLE
73. NAME
74. STREET ADDRESS
75. CITY, ST, ZIP
76. TITLE
77. NAME
78. STREET ADDRESS
79. CITY, ST, ZIP
80. TITLE
81. NAME
82. STREET ADDRESS
83. CITY, ST, ZIP
84. TITLE
85. NAME
86. STREET ADDRESS
87. CITY, ST, ZIP
88. TITLE
89. NAME
90. STREET ADDRESS
91. CITY, ST, ZIP
92. TITLE
93. NAME
94. STREET ADDRESS
95. CITY, ST, ZIP
96. TITLE
97. NAME
98. STREET ADDRESS
99. CITY, ST, ZIP
100. TITLE

14. I hereby certify that the information supplied is true and correct to the best of my knowledge and belief. I am a director of the corporation. I am authorized to execute this report as required by Chapter 607, Florida Statutes, and that my name appears on the report.

SIGNATURE:

Harvey Turner

200002644192
-09/21/98--01005--049
***150.00

9-11-98

CR2E034 (10/97)

2

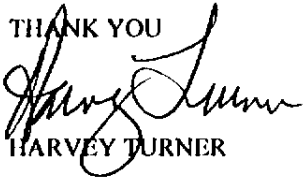
SEPTEMBER 10, 1998

FLORIDA DEPT. OF REVENUE
P.O. BOX 6327
TALLAHASSEE, FL. 32314

TO WHOM IT MAY CONCERN:

ENCLOSED IS A COPY OF MY CORPORATE ANNUAL REPORT THAT WAS
SENT TO ME ON SEPTEMBER 8, 1998. I NEVER RECEIVED THE FIRST ONE SIO I CALLED AND
THEY SENT ME THIS COPY TO FILL OUT. I ENCLOSED MY CHECK FOR \$150.00.

THANK YOU


HARVEY TURNER