

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
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90124 019 ***150.00

DOCUMENT # P98000010787

1. Corporation Name
TURN-KEY, INC.

Principal Place of Business
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

Mailing Address
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/03/1998

4. FEEL Number

65-0811644

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 the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 2121 W. Oakland Park Blvd

2a. Mailing Address

26 2121 W. Oakland Park Blvd

Suite, Apt. #, etc.

22 Suite 6

Suite, Apt. #, etc.

27 Suite 6

City & State

23 Oakland Park, FL

City & State

28 Oakland Park, FL

Zip

24 33311

Country

25 Rowland

Zip

29 33311

Country

30 Rowland

9. Name and Address of Current Registered Agent

LERNER, ALLAN M ESQ
2888 EAST OAKLAND PARK BLVD.
FORT LAUDERDALE FL 33306

10. Name and Address of New Registered Agent

81 Name

Daniel Gallien

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

3001 NE 47th St

83

84 City

Lighthouse Point

FL

85 Zip Code

33064

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)

4/9/95

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

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

1.1 TITLE

President

1.2 NAME

Daniel Gallien

1.3 STREET ADDRESS

2121 W. Oakland Park Blvd Suite 6

1.4 CITY-ST-ZIP

Oakland Park, FL 33306

2.1 TITLE

Vice-President

2.2 NAME

Douglas Gallien

2.3 STREET ADDRESS

2121 W. Oakland Park Blvd Suite 6

2.4 CITY-ST-ZIP

Oakland Park, FL 33311

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/9/99

Date

954-731-3200

Daytime Phone #

CR2E034 (11/98)