

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

FILED
May 06, 1999 8:00 am
Secretary of State

05-06-1999 90041 020 ***150.00

0423827

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000044525

1. Corporation Name
ROB TUROWSKI INC



Principal Place of Business 119 14TH AVE INDIAN ROCKS BEACH FL 33785	Mailing Address 119 14TH AVE INDIAN ROCKS BEACH FL 33785
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
05/15/1998

2. Principal Place of Business 21 2804 Hamlin Pl Suite, Apt. #, etc.	2a. Mailing Address 26 2804 Hamlin Pl Suite, Apt. #, etc.
22	27
23 City & State Palm Harbor Fl	28 City & State Palm Harbor Fl
24 Zip 34684 Country	29 Zip 34684 Country
25	30

4. FEI Number
59-3517851

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

9. Name and Address of Current Registered Agent

GAWRON, MARY
 19321-C US HWY 19 N., STE. 601
 CLEARWATER FL 33764

10. Name and Address of New Registered Agent

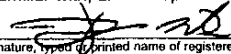
81 Name
ROBERT TUROWSKI

82 Street Address (P.O. Box Number is Not Acceptable)
 2804 Hamlin Pl

83

84 City
 Palm Harbor, FL 85 Zip Code
 34684

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  (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	TUROWSKI, ROBERT A	
STREET ADDRESS	119 14TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
TITLE	V	<input type="checkbox"/> DELETE
NAME	TUROWSKI, BARBARA	
STREET ADDRESS	119 14TH AVE	
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33785	
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

1.1 TITLE	P	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	TUROWSKI, ROBERT A	
1.3 STREET ADDRESS	2804 Hamlin Pl	
1.4 CITY-ST-ZIP	Palm Harbor Fl 34684	
2.1 TITLE	V	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	TUROWSKI BARBARA	
2.3 STREET ADDRESS	2804 Hamlin Pl	
2.4 CITY-ST-ZIP	Palm Harbor Fl 34684	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
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:  DATE: **03/11/99**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date Daytime Phone #

CR2E034 (1/98)