

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

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

05-06-1999 90041 020 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
 Secretary of State
 DIVISION OF CORPORATIONS

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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business
 21 2804 Hamlin Pl
 Suite, Apt. #, etc.

2a. Mailing Address
 26 2804 Hamlin Pl
 Suite, Apt. #, etc.

22

23 City & State
 Palm Harbor Fl

28 City & State
 Palm Harbor Fl

24 Zip 34684 Country
 25

29 Zip 34684 Country
 30

3. Date Incorporated or Qualified
 05/15/1998

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

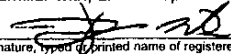
81 Name
ROBERT TUROWSKI

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 DELETE

NAME **TUROWSKI, ROBERT A**

STREET ADDRESS **119 14TH AVE**

CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

TITLE DELETE

NAME **TUROWSKI, BARBARA**

STREET ADDRESS **119 14TH AVE**

CITY-ST-ZIP **INDIAN ROCKS BEACH FL 33785**

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 Change 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 Change 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 Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE Change 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:  **ROBERT TUROWSKI** Date **03/11/99** Daytime Phone #

CR2E034 (1/98)