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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P98000049514

1. Corporation Name

Applied For Southwest 195TH PLACE MIAM FL 33183 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 2. Principal Place of Business 2. Mailing Address 3. Date Incorporated or Qualified 06/03/1998 4. FEI Number 4. FEI Number 5. Certificate of Status Desired 5. Certificate of Status Desired 6. Section Campaign Financian 6. Section Sectio	DON TU	RNER & ASSOCIATES, INC				
MAME FL 33183 MIAME FL 33183 DO NOT WRITE IN THIS SPACE	Principal Place of Business Mailing Address					
2. Principal Place of Business 2a, Mailing Address 4. FEI Number Applied For Not Applicable 2. Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired				LACE		DO NOT WIDITE IN THIS SPACE
Principial Place of Business 2a Mailing Address 4. FEI Number Applied For No. Applicable						
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City & State City & State	Suite, Apt.	#, etc.	<u>├</u>			
Zip	City & Stat	е	City & State			• · · · · · · · · · · · · · · · · · ·
9, Name and Address of Current Registered Agent 9, Name and Address of Current Registered Agent 10, Name and Address of New Registered Agent 11, Name 120 HAYS STREET TALLAHASSEE FL 32301-2525 84 City 12 Street Address (P.O. Box Number is Not Acceptable) 14. 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 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, arm familiar with, and accept the obligations of, Section 807.0508, Florida Statutes. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 14. CITY ST. ZP 15. NAME 17. TURNER, DON 12. NAME 17. STREET ADDRESS 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 18. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12. 19. Change Addition 19. Change Addition 19. STREET ADDRESS 1		Country		Count		110011
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 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 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, 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, 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, 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, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. State florida Statutes, the above-named corporation's board of directors. I hereby accept the appointment as registered agent, or both, in the State of Florida. State florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. State florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of State florida. State florida State florida. State flori	·		_ 		,	
CORPORATION SERVICE COMPANY 1201 HAY'S STREET TALLAHASSEE FL 32301-2525 82 Street Address (P.O. Box Number is Not Acceptable) 83 Street Address (P.O. Box Number is Not Acceptable) 84 City FL 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 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, or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, or hoth, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent, and manufact with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE 12.	24			301		
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TALLAHASSEE FL 32301-2525 83				8	2 Street	t Address (P.O. Box Number is Not Acceptable)
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12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TITLE PD TURNER, DON 7633 SOUTHWEST 135TH PLACE STREET ADDRESS CITY-ST-ZIP MIAMI FL 33183 11TILE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS	office or i	registered agent, or both, in the State	of Florida. Such change was au	itnorized b	y the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered
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	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.

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

6.2 NAME

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

ABTHRE RIGHTER

DELETE

☐ DELETE

☐ Change

☐ Change

Addition

Addition