## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT CORPORATION** \*ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** 

S92019

(6)

| TURN K   | KEY INTERIORS, INC.  |  |                              |   |  |  |
|--|--|--|------------------------------|---|--|--|
| Principal Place o  | of Business  | Maling Address   |                              |   | *  | TÜNI MINNE OYDES BIOTO BIÖLI OLBIT OLDET INGT                            |
| 1402 E LAS OLAS BLVD.<br>SUITE 1062<br>FT. LAUDERDALE FL 33301 |  | 1402 E LAS OLAS BLVD.<br>SUITE 1062<br>FT. LAUDERDALE FL 33301 |                              |   | 3. Date Incorporated or Qualified 3a. Date of Last Report 02/06/1995                 |  |
|  | 10   | To- Maileon Astalogous   |                              |   | 11/04/1991<br>4. FEI Number  | Applied For  |
| 2. Principal Plac  | de of Business   | 2a. Mailing Address  |                              |   | 65-0298543   | Not Applicable   |
| 21 Suite, Apt. #, etc.   |  | Suite, Apt. #, etc.  | Suite, Apt. #, etc.          |   |  | \$8.75 Additional  |
| 22   |  | 27   |                              |   | 5. Certificate of Status Desired   | Fee Required   |
| City & State   |  | City & State   |                              |   | 6. Election Campaign Financing   | \$5.00 May Be  |
| 23   |  | 28   |                              |   | Trust Fund Contribution  | Added to Fees  |
| Zip  | Country  | Zip  | Country                      |   | This corporation has liability for i     Florida Statutes Yes                        | intangible tax under s=199.032,  |
| 24   | 25   | 29   | 30                           | - · · · · · · · · · · · · · · · · · · · | 10. Name and Address of New R  |  |
|  | g. Name and Address of Curre   | ent negistereo Agent   | 81                           | Name                                    | 19. Trumo and studiosa of their tr   |  |
|  |  |  |                              |   | 7000   | da   |
| ROTH, A  |  |  | 82                           | Street Addre                            | Address (P.O. Box Nunitier is Not Acceptable)  |  |
|  | FEDERAL HWY  |  | 83                           |   | 1.00   |  |
| STE. #1  |  |  |                              |   |  | as 7. Code   |
|  | DERDALE FL 33308   |  |                              | City                                    |  | FL 85 Zip Code   |
| or registere<br>familiar with                                  | o the provisions of Sections 607.056<br>ad agent, or both, in the State of Flo<br>h, and accept the obligations of, Sec<br>Septime upont or positions and accept the | inda, Such change was author<br>ction 607 0505, Flueda Statute | :zea by the carba            | ration's boar                           | ration submits this statement for the pur<br>rd of directors. Thereby accept the app | rpose of changing its registered office outment as registered agent. Lam |
|  | OFFICERS A   | ND DIRECTORS   | 13.                          | g . a . e s. Te : j. ate e              | ADDITIONS/CHANGES TO OFF   |  |
| 12.  | PST  | DELETE   | 1 17/11                      |   |  | Change Add-tion  |
| NAME   | LACEY, JESSIE  | 12 N   |                              |   |  |  |
| STREET ADDRESS   | 2831 NE 40TH ST  |  | 1 3 STREET A                 | NDORESS                                 |  |  |
| CITY-ST-ZIP  |  | FT LAUDERDALE FL   |                              | ZIP                                     |  |  |
| TITLE  |  | ☐ DELETE 2   |                              | T                                       |  | Change Addition  |
| NAME   |  |  | 2.2 NAME                     | 1                                       |  |  |
| STREET ACORESS   |  |  | 2.3 \$18681 4                | 1                                       |  |  |
| CITY-ST-ZIP  |  |  | 24 CITY - S1                 | - 7 P                                   |  | Change Addition  |
| TITLE  |  | DELFTE   | 3 11/11/6                    |   |  | ☐ cuands ☐ vocunou   |
| NAMÉ   |  |  | 3 2 NAME                     |   |  |  |
| STREET ADDRESS   |  |  | 3.3 S'REET                   |   |  |  |
| CITY-S1-ZiP  | <u></u>  | ☐ DELETE   | 3 4 CIJY - ST<br>4 1 TITLE   | <u>ZF</u>                               |  | Change Addition  |
| TITLE  |  |  | 4 1 1111E<br>4 2 NAME        |   |  |  |
| NAME   |  |  |                              | ADDRESS                                 |  |  |
| STREET ADDRESS   |  |  | 43 STREET                    |   |  |  |
| CITY-ST-ZIP  |  | DELETE   | 4 4 C(1) - S1<br>5 1 T(1) LE | 1 - 211                                 |  | Change Addition  |
| TITLE  |  | L. 32.001  | 5.2 NAME                     |   |  | d 161  |
| NAME<br>CINCEL ADODESS   |  |  | 5 3 STREET                   | ADDRESS                                 |  | 71/16 CP   |
| STREET ACCRESS   |  |  | 5.4 CiTY+S'                  |   |  | '' (   |
| CITY-ST-ZIP<br>TITLE   |  | DELETE   | 6 1 Title                    |   | 4000018<br>-05/14/9601<br>***200.00  | Change Addition  |
| NAME   |  |  | 6.2 NAME                     |   | 4 <u>0,000,18</u>  | 19544<br>ora ora   |
| STREET ADDRESS   |  |  | 6.3 ST4E51                   | ADDRESS                                 | -U5/14/96U1  | N1504₽   |
| CITY-ST-ZIP  |  |  | 64 CITY S                    | -                                       | ***200.00  |  |
|  | 1  |  |                              |   | 4 14 Carrier 444   | O OZIOVIA Electric State dos 1 further                                   |

14. I do hereby certify that the information supplied with this fung is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). Florida Statutes. I further certify that the information indicated on this and officer 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 control or the receiver or trustee emprovered 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 or an attachment with an addition.

SIGNATURE

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Jessie

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