

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

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
AND
FILED

95 APR 18 PM 6:17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V18592 (8)

1. Corporation Name

THE TURING GROUP, INC.

Principal Place of Business

200 NO WESTSHORE BLVD
STE 200
TAMPA FL 33609
US

Mailing Address

200 NO WESTSHORE BLVD
STE 200
TAMPA FL 33609
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

03/02/1992

3a. Date of Last Report

04/29/1994

4. FEI Number

59-3115072

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 has liability for intangible tax under S. 199.032,
Florida Statutes

☐

Yes

☐

No

2. Principal Place of Business

21 6304 Benjamin Rd.

Suite, Apt. #, etc.

506

2a. Mailing Address

26 6304 Benjamin Rd.

Suite, Apt. #, etc.

506

23 City & State

Tampa FL

28 City & State

Tampa FL

24 Zip

33634

Country

Hillsborough

29 Zip

33634

Country

Hillsborough

9. Name and Address of Current Registered Agent

FEINSTEIN, AMENDAV
1871 SPRINGWOOD CIR NO
CLEARWATER FL 34623

10. Name and Address of New Registered Agent

81 Name

Feinstein, Amendav

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

83

4427 Lavender Drive

84 City

Palm Harbor

FL

85 Zip Code

34685

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)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	P
NAME	FEINSTEIN, AMENDAV
STREET ADDRESS	1871 SPRINGWOOD CIR NO
CITY - ST - ZIP	CLEARWATER FL
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

1.1 TITLE	☒ Change ☐ Addition
1.2 NAME	
1.3 STREET ADDRESS	4427 Lavender Drive
1.4 CITY - ST - ZIP	Palm Harbor FL 34685
2.1 TITLE	☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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 this 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.

SIGNATURE:

Signature and typed or printed name of signing officer or director

Date

(Signature/Typed Name)