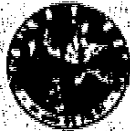


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # V72383 (5)

1. Corporation Name

TURN KEY HOME BUILDERS SOUTH INC.

Principal Place of Business

~~100 SEAVIEW AVENUE~~
~~PALM BEACH FL 33400~~
~~US~~

Mailing Address

~~100 SEAVIEW AVENUE~~
~~PALM BEACH FL 33400~~
~~US~~

APPROVED
AND
FILED
95 APR 19 AM 1:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

10/15/1992

3a. Date of Last Report

04/20/1994

4. FEI Number

59-3175839

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 6644 ROYAL PALM BEACH BLVD

2a. Mailing Address

26 6644 ROYAL PALM BEACH BLVD

Suite, Apt., etc.

Suite, Apt., etc.

22

27

City & State

23 ROYAL PALM BEACH, FL.

City & State

28 ROYAL PALM BEACH, FL.

Zip

24 33411

Country

Zip

29 33411

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

MYURA, ANTHONY

~~232 BRAZILIAN AVENUE~~
~~PALM BEACH FL 33400~~

81 Name

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

6644 ROYAL PALM BEACH BLVD.

83

84 City

ROYAL PALM BEACH

FL

85 Zip Code

33411

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 reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE D PRES
NAME MYURA, ANTHONY
STREET ADDRESS 169 SEAVIEW AVENUE
CITY - ST - ZIP PALM BEACH FL

TITLE D VP
NAME MYURA, DOUGLAS
STREET ADDRESS 740 G. FEDERAL HWY #315-
CITY - ST - ZIP POMPANO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE B, D ☒ Change ☒ Addition
1.2 NAME
1.3 STREET ADDRESS 6644 ROYAL PALM BEACH BLVD.
1.4 CITY - ST - ZIP ROYAL PALM BEACH, FL. 33411

2.1 TITLE VP, D ☒ Change ☒ Addition
2.2 NAME
2.3 STREET ADDRESS 6644 ROYAL PALM BEACH BLVD.
2.4 CITY - ST - ZIP ROYAL PALM BEACH, FL. 33411

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 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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR ORIGINATOR

Anthony Myura

1/15/95

407-791-1187

Date

(Anytime 11:00 a.m. - 5:00 p.m.)