FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED
95 APR 19 AM 1:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V72383 (5)

1. Corporation Name
TURN KEY HOME BUILDERS SOUTH INC.

Principal Place of Business	Mailing Address
~~169 SEAVIEW AVENUE~~	~~169 SEAVIEW AVENUE~~
~~PALM BEACH FL 33480~~	~~PALM BEACH FL 33480~~
~~US~~	~~US~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 10/15/1992
3a. Date of Last Report: 04/20/1994

2. Principal Place of Business
21: 6644 Royal Palm Bch Blvd
22: Suite, Apt. #, etc.
23: City & State: Royal Palm Beach, FL.
24: Zip: 33411 25: County

2a. Mailing Address
26: 6644 Royal Palm Bch. Blvd
27: Suite, Apt. #, etc.
28: City & State: Royal Palm Beach, FL.
29: Zip: 33411 30: County

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

9. Name and Address of Current Registered Agent

MYURA, ANTHONY
~~232 BRAZILIAN AVENUE~~
~~PALM BEACH FL 33480~~

10. Name and Address of New Registered Agent

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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D Pres	1.1 TITLE	P, D ☒ Change ☒ Addition
NAME	MYURA, ANTHONY	1.2 NAME	
STREET ADDRESS	169 SEAVIEW AVENUE	1.3 STREET ADDRESS	6644 Royal Palm Beach Blvd.
CITY-ST-ZIP	PALM BEACH FL	1.4 CITY-ST-ZIP	Royal Palm Beach, FL. 33411
TITLE	D VP	2.1 TITLE	VP, D ☒ Change ☒ Addition
NAME	MYURA, DOUGLAS	2.2 NAME	
STREET ADDRESS	~~740 G. FEDERAL HWY #315~~	2.3 STREET ADDRESS	6644 Royal Palm Beach Blvd.
CITY-ST-ZIP	~~POMPANO FL~~	2.4 CITY-ST-ZIP	Royal Palm Beach, FL. 33411
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 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.

SIGNATURE: A Myura Anthony Myura 1/15/95 407-791-1187
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

07781M OF