

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # 340391 (2)

1. Corporation Name  
**TAYLOR CREEK ISLES, INC.**



Principal Place of Business: 660 PINE AVE, OVIEDO FL 32765, US  
Mailing Address: 1500 SAN REMO AVENUE, SUITE 125, CORAL GABLES FL 33146, US

2. Principal Place of Business (21-24) and 2a. Mailing Address (25-30) fields with sub-fields for Suite, City, State, Zip, and Country.

3. Date Incorporated or Qualified: 01/21/1969  
3a. Date of Last Report: 03/02/1995  
4. FEI Number: 59-1231878  
5. Certificate of Status Desired:   
6. Election Campaign Financing Trust Fund Contribution:   
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent: BROOME, J FRANK, 660 PINE AVE, OVIEDO 32765  
10. Name and Address of New Registered Agent (81-85) fields for Name, Street Address, City, and Zip Code (FL).

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: \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: S	NAME: NEUWAHL, MALCOLM H. STREET ADDRESS: 1500 SAN REMO AVENUE, SUITE 125 CITY - ST - ZIP: CORAL GABLES FL	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	NAME: BUTLER, ROBERT B STREET ADDRESS: 1601 SHERIDAN STREET, SUITE 505 CITY - ST - ZIP: HOLLYWOOD FL	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: S	NAME: <del>NEUWAHL, ELIZABETH L</del> STREET ADDRESS: <del>1925 TAYLOR STREET</del> CITY - ST - ZIP: <del>HOLLYWOOD FL</del>	2.2 NAME	
TITLE: S	NAME: <del>NEUWAHL, ELIZABETH L</del> STREET ADDRESS: <del>1925 TAYLOR STREET</del> CITY - ST - ZIP: <del>HOLLYWOOD FL</del>	2.3 STREET ADDRESS	4601 Sheridan Street, Suite 505 Hollywood, FL 33021
TITLE: S	NAME: <del>NEUWAHL, ELIZABETH L</del> STREET ADDRESS: <del>1925 TAYLOR STREET</del> CITY - ST - ZIP: <del>HOLLYWOOD FL</del>	2.4 CITY - ST - ZIP	
TITLE: S	NAME: <del>NEUWAHL, ELIZABETH L</del> STREET ADDRESS: <del>1925 TAYLOR STREET</del> CITY - ST - ZIP: <del>HOLLYWOOD FL</del>	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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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)(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 on an attachment with an address.

SIGNATURE: *Malcolm H. Neuwahl*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/6/96 (305) 645-3311

CR2E034 (12/95)