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**Feb 28 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997



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 33146-3049
US

3. Date Incorporated or Qualified 01/21/1969
3a. Date of Last Report 03/13/1996

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-1231878	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt #, etc.	26 Suite, Apt #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 City & State	28 City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
24 Zip	25 Country	29 Zip	30 Country

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 Name Atrium Registered Agents, Inc.
	82 Street Address (P.O. Box Number is Not Acceptable) 1500 San Remo Avenue, Suite 125
	83
	84 City Coral Gables
	85 Zip Code FL 33146

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 *Robert A. Stamen* /Robert A. Stamen, Director, Vice President 2/18/97

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	S <input type="checkbox"/> DELETE	1.1 TITLE	DS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NEUWAHL, MALCOLM H.	1.2 NAME	NEUWAHL, Malcolm H.
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 125	1.3 STREET ADDRESS	1500 San Remo Avenue, Suite 125
CITY - ST - ZIP	CORAL GABLES FL	1.4 CITY - ST - ZIP	Coral Gables, FL 33146
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	DVP <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BUTLER, ROBERT B	2.2 NAME	BUTLER, Robert B.
STREET ADDRESS	4801 SHERIDA STREET SUITE 505	2.3 STREET ADDRESS	4601 Sheridan Street, Suite 505
CITY - ST - ZIP	HOLLYWOOD FL	2.4 CITY - ST - ZIP	Hollywood, FL 33021
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	DP <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	BROOME, Frank J.
STREET ADDRESS		3.3 STREET ADDRESS	660 Pine Avenue
CITY - ST - ZIP		3.4 CITY - ST - ZIP	Oviedo, FL 32765
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 does not qualify for the exemption stated in Section 119.07(3)(c) of the 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 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 119, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *J Frank Broome* 407 366-4393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)