

0019073

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 340391 1. Corporation Name TAYLOR CREEK ISLES, INC.

FILED 99 MAR -4 AM 9:56 SECRETARY OF STATE TALLAHASSEE, FLORIDA



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

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc. 22 City & State 27 City & State 23 Zip Country 28 Zip Country 24 Zip Country 25 Zip Country 29 Zip Country 30 Zip Country

3. Date Incorporated or Qualified 01/21/1969 4. FEI Number 59-1231878 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 owes the current year Intangible Personal Property Tax [ ] Yes [X] No

9. Name and Address of Current Registered Agent ATRIUM REGISTERED AGENTS INC 1500 SAN REMO AVE SUITE 125 CORAL GABLES FL 33146

10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code

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 re-appointing) DATE

12. OFFICERS AND DIRECTORS TITLE SD NEUWAHL, MALCOLM H 1500 SAN REMO AVE SUITE 125 CORAL GABLES FL DVP BUTLER, ROBERT B 4601 SHERIDA STREET SUITE 505 HOLLYWOOD FL DP BROOME, FRANK J 660 PINE AVE OVIEDO FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 TITLE 12 NAME 13 STREET ADDRESS 14 CITY-ST-ZIP 21 TITLE 22 NAME 23 STREET ADDRESS 24 CITY-ST-ZIP 31 TITLE 32 NAME 33 STREET ADDRESS 34 CITY-ST-ZIP 41 TITLE 42 NAME 43 STREET ADDRESS 44 CITY-ST-ZIP 51 TITLE 52 NAME 53 STREET ADDRESS 54 CITY-ST-ZIP 61 TITLE 62 NAME 63 STREET ADDRESS 64 CITY-ST-ZIP

300002800723--2 -03/10/99--01059--002 \*\*\*150.00 \*\*\*150.00

14. I hereby certify that the information supplied with this filing 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, with all other like empowered.

SIGNATURE: Frank Broome

1-16-99 1-47-366-4393

CR2E034 (11/98)