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 MAY -1 AM 8:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # K55162 (7)

1. Corporation Name
NIKI TAYLOR, INC.

DO NOT WRITE IN THIS SPACE.

Principal Place of Business	Mailing Address
1821 N.W. 119TH AVENUE PEMBROKE PINES FL 33026	1821 N.W. 119TH AVENUE PEMBROKE PINES FL 33026

3. Date Incorporated or Qualified: 12/21/1988
3a. Date of Last Report: 03/01/1994

2. Principal Place of Business	2a. Mailing Address
21 506 SW 113th Way	26 One Erieview Plaza
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27 Suite 1300
City & State 23 Pembroke Pines, FL	City & State 28 Cleveland, Ohio
Zip 24 33025 Country 25 USA	Zip 29 44114 Country 30 USA

4. FEI Number: 65-0089798 ☐ 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	10. Name and Address of New Registered Agent
TAYLOR, BARBARA 1821 N.W. 119TH AVENUE PEMBROKE PINES FL 33026	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 _____ 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	PD	11 TITLE	P/T/D	☒ Change ☐ Addition
NAME	TAYLOR, NICOLE	12 NAME	Taylor, Nicole	
STREET ADDRESS	1821 N.W. 119TH AVENUE	13 STREET ADDRESS	506 SW 113th Way	
CITY-ST-ZIP	PEMBROKE PINES FL	14 CITY-ST-ZIP	Pembroke Pines, FL 33026	
TITLE	~~V~~	21 TITLE	S	☐ Change ☒ Addition
NAME	~~TAYLOR, KERMIT~~	22 NAME	Carfagna, Peter A.	
STREET ADDRESS	~~1821 NW 119TH AVE~~	23 STREET ADDRESS	One Erieview Plaza, Suite 1300	
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	24 CITY-ST-ZIP	Cleveland, Ohio 44114	
TITLE	~~ST~~	31 TITLE		☐ Change ☐ Addition
NAME	~~TAYLOR, BARBARA~~	32 NAME		
STREET ADDRESS	~~1821 NW 119TH AVE~~	33 STREET ADDRESS		
CITY-ST-ZIP	~~PEMBROKE PINES FL~~	34 CITY-ST-ZIP		
TITLE		41 TITLE		☐ Change ☐ Addition
NAME		42 NAME		
STREET ADDRESS		43 STREET ADDRESS		
CITY-ST-ZIP		44 CITY-ST-ZIP		
TITLE		51 TITLE		☐ Change ☐ Addition
NAME		52 NAME		
STREET ADDRESS		53 STREET ADDRESS		
CITY-ST-ZIP		54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 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)(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: X Peter A. Carfagna 4-27-95 (216) 522-1200
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0084371 CR