

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

PROFIT CORPORATION ANNUAL REPORT 1996



FLOUIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **K55162 (7)**  
1. Corporation Name  
**NIKI TAYLOR, INC.**



Principal Place of Business Mailing Address  
**506 SW 113TH WAY  
PEMBROKE PINES FL 33025  
US** **ONE ERIEVIEW PLAZA  
SUITE 1300  
CLEVELAND OH 44114  
US**

2. Principal Place of Business 2a. Mailing Address:  
21 **11839 HIGHLAND PLACE** 26  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27  
**CORAL SPRINGS, FL** 28  
City & State  
24 Zip 25 Country 29 Zip 30 Country  
**33071 USA**

3. Date Incorporated or Qualified **12/21/1988** 3a. Date of Last Report **05/01/1995**  
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 **TAYLOR, BARBARA  
1821 N.W. 119TH AVENUE  
PEMBROKE PINES FL 33026**  
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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature, typed for production of original agent and then applicable (Date of Registered Agent Signature Reported when voiding)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, NICOLE	1.2 NAME	
STREET ADDRESS	<del>506 SW 113TH WAY</del>	1.3 STREET ADDRESS	11839 HIGHLAND PLACE
CITY-STATE-ZIP	PEMBROKE PINES FL	1.4 CITY-STATE-ZIP	CORAL SPRINGS, FL 33071
TITLE	S <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	CARFAGNA, PETER A	2.2 NAME	
STREET ADDRESS	ONE ERIEVIEW PLAZA SUITE 1300	2.3 STREET ADDRESS	
CITY-STATE-ZIP	CLEVELAND OH	2.4 CITY-STATE-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
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-STATE-ZIP		4.4 CITY-STATE-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-STATE-ZIP		5.4 CITY-STATE-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-STATE-ZIP		6.4 CITY-STATE-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: *Peter A. Carfagna* 2/27/96  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Peter A. Carfagna, Secretary**

CR2E034 (12/95)