


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

FILED
May 04, 1999 8:00 am
Secretary of State

05-04-1999 90118 035 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P98000092828

1. Corporation Name
TAUPE, INC.



Principal Place of Business 1522 NW 97TH AVENUE CORAL SPRINGS FL 33071	Mailing Address 1522 NW 97TH AVENUE CORAL SPRINGS FL 33071
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
11/02/1998

21. Principal Place of Business 1000 CLINT MOORE RD	22. Suite, Apt. #, etc. SUITE 110	23. City & State BOCA RATON FL	24. Zip 33487	25. Country USA	26. Mailing Address 1000 CLINT MOORE RD	27. Suite, Apt. #, etc. SUITE 110	28. City & State BOCA RATON FL	29. Zip 33487	30. Country USA
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4. FEI Number 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 No

9. Name and Address of Current Registered Agent

SHEPARD, JONATHAN L
5355 TOWN CENTER ROAD
SUITE 801
BOCA RATON FL 33486

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 or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PTD <input type="checkbox"/> DELETE
NAME	KENNETH M. ENDELSON
STREET ADDRESS	1000 CLINT MOORE RD, STE 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	VSD <input type="checkbox"/> DELETE
NAME	RICHARD FINKELSTEIN
STREET ADDRESS	1000 CLINT MOORE RD, STE 110
CITY-ST-ZIP	BOCA RATON, FL 33487
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	PTD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	KENNETH M. ENDELSON
1.3 STREET ADDRESS	1000 CLINT MOORE RD, STE 110
1.4 CITY-ST-ZIP	BOCA RATON FL 33487
2.1 TITLE	VSD <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	RICHARD FINKELSTEIN
2.3 STREET ADDRESS	1000 CLINT MOORE RD, STE 110
2.4 CITY-ST-ZIP	BOCA RATON, FL 33487
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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: *SHEPARD JONATHAN L* **SHEPARD, JONATHAN L** **FINKELSTEIN** **RICHARD** **4/29/99** **561-997-5760**
SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)