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 MAR -2 PM 3:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # 340391 (2)

1. Corporation Name
TAXLOR CREEK ISLES, INC.

Principal Place of Business
660 PINE AVE
OVIEDO FL 32765
US

Mailing Address
[illegible]

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 01/21/1969
3a. Date of Last Report: 02/18/1994

2. Principal Place of Business
21
2a. Mailing Address
26 1500 San Remo Avenue

Suite, Apt. #, etc.
22
Suite, Apt. #, etc.
27 Suite 125

City & State
23
City & State
28 Coral Gables, FL 33146

Zip / Country
24 / 25
Zip / Country
29 / 30

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 has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☒ No

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
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	S	☒ Change ☐ Addition
NAME	BROOME, J FRANK	12 NAME	Malcolm H. Neuwahl	
STREET ADDRESS	660 PINE AVE	13 STREET ADDRESS	1500 San Remo Avenue, Suite 125	
CITY-ST-ZIP	OVIEDO FL	14 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	21 TITLE		☒ Change ☐ Addition
NAME	BUTLER,ROBERT B	22 NAME		
STREET ADDRESS	[illegible]	23 STREET ADDRESS	4601 Sheridan Street, Suite 505	
CITY-ST-ZIP	[illegible]	24 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE	[illegible]	31 TITLE		☐ Change ☐ Addition
NAME	[illegible]	32 NAME		
STREET ADDRESS	[illegible]	33 STREET ADDRESS		
CITY-ST-ZIP	[illegible]	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)(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.

SIGNATURE: J. Frank Broome J. FRANK BROOME 3-2-95 (407) 366-4393
SIGNATURE AND TYPED OR PRINTED NAME OF DIRECTOR OR OFFICER Date Daytime Phone #

0000403 CP