

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 6/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION ANNUAL REPORT 1995



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

95 JUN 20 AM 11:06

DOCUMENT # H79402 (4)

1. Corporation Name
ADAM D. TAYLOR, P.A.

Principal Place of Business Mailing Address
12955 BISCAYNE BLVD. SUITE 304 MIAMI FL 33181
12955 BISCAYNE BLVD. SUITE 304 MIAMI FL 33181

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified **09/30/1985** 3a. Date of Last Report **06/27/1994**
4. FEI Number **59-2618409** 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**
6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

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 25 29 30

9. Name and Address of Current Registered Agent
**TAYLOR, ADAM D.
12955 BISCAYNE BLVD. #304
NORTH MIAMI FL 33181**

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 NAME STREET ADDRESS CITY - ST - ZIP
PD TAYLOR, ADAM D. 12955 BISCAYNE BLVD, #304 MIAMI FL

13. ADJUSTIONS CHANGE BY THE OFFICERS AND DIRECTORS OF THE CORPORATION
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

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 the attachment with an address.

SIGNATURE: _____ DATE: **JUNE 14, 1995**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ADAM D. TAYLOR, PRESIDENT

CR2E034 (3/95)