FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **340391** **(2)**

1. Corporation Name

TAYLOR CREEK ISLES, INC.

Principal Place of Business	Mailing Address
660 PINE AVE OVIEDO FL 32765 US	1500 SAN REMO AVENUE SUITE 125 CORAL GABLES FL 33146 US

2. Principal Place of Business
21 —
22 Suite, Apt. #, etc.:
23 City & State:
24 Zip — 25 Country:

2a. Mailing Address
26 —
27 Suite, Apt. #, etc.:
28 City & State:
29 Zip — 30 Country:

3. Date Incorporated or Qualified: **01/21/1969**

3a. Date of Last Report: **03/02/1995**

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

12. OFFICERS AND DIRECTORS

TITLE	S	☐ DELETE
NAME	NEUWAHL, MALCOLM H.	
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 125	
CITY-ST-ZIP	CORAL GABLES FL	
TITLE	D	☐ DELETE
NAME	BUTLER,ROBERT B	
STREET ADDRESS	1601 SHERIDAN STREET, SUITE 505	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	~~S~~	☑ DELETE
NAME	~~NEUWAHL, ELIZABETH L~~	
STREET ADDRESS	~~1325 TAYLOR STREET~~	
CITY-ST-ZIP	~~HOLLYWOOD FL~~	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☑ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS	4601 Sheridan Street, Suite 505	
2.4 CITY-ST-ZIP	Hollywood, FL 33021	
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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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: By: _____ 3/6/96 (305) 665-3311
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #