FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Feb 28 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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 33146-3049 US

3. Date Incorporated or Qualified: **01/21/1969**
3a. Date of Last Report: **03/13/1996**

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

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 / Country — 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: Atrium Registered Agents, Inc.
82 Street Address (P.O. Box Number is Not Acceptable): 1500 San Remo Avenue, Suite 125
83
84 City: Coral Gables FL 85 Zip Code: 33146

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: Atrium Registered Agents, Inc. by Robert A. Stamen /Robert A. Stamen, Director, Vice President DATE: 2/18/97
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	S	☐ DELETE	1.1 TITLE	DS	☒ Change ☐ Addition
NAME	NEUWAHL, MALCOLM H.		1.2 NAME	NEUWAHL, Malcolm H.	
STREET ADDRESS	1500 SAN REMO AVENUE, SUITE 125		1.3 STREET ADDRESS	1500 San Remo Avenue, Suite 125	
CITY-ST-ZIP	CORAL GABLES FL		1.4 CITY-ST-ZIP	Coral Gables, FL 33146	
TITLE	D	☐ DELETE	2.1 TITLE	DVP	☒ Change ☐ Addition
NAME	BUTLER,ROBERT B		2.2 NAME	BUTLER, Robert B.	
STREET ADDRESS	4601 SHERIDA STREET SUITE 505		2.3 STREET ADDRESS	4601 Sheridan Street, Suite 505	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	Hollywood, FL 33021	
TITLE		☐ DELETE	3.1 TITLE	DP	☐ Change ☒ Addition
NAME			3.2 NAME	BROOME, Frank J.	
STREET ADDRESS			3.3 STREET ADDRESS	660 Pine Avenue	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	Oviedo, FL 32765	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(...utes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall ha... 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 Chapt ...rida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: SIGNATURE REQUIRED — J Frank Broome — 407 366-4393
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Frank Broome — Date — Daytime Phone #

CR2E034 (9/96)