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

**PROFIT CORPORATION ANNUAL REPORT** 

1997



## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 190377

S.T. TAYLOR CORPORATION

(2)

## **FILED** Apr 28 1997 8:00am Secretary of State



Principal Place of Business		Mailing Ad	dress			n tennen higgs sekri sande hinir naski hadt biblir diblir diblir biblir biblir biblir bibli			
625 E. 10TH AVE. HALEAH FL 33010		625 E. 10TH AVE. HIALEAH FL 33010-4841							
						3. Date Incorporated or Qualified 01/20/1956		to of Last 22/1996	
	Place of Business	2a. Mailing	Address			4. FEI Number	<del></del>		Applied For
21		26				59-0781697			Not Applicable
i Sulle Adi	#, etc.	<del>-</del>	pt. #, etc.			5. Certificate of Status Desired			Additional
22 City & Stol		27]						Fee	Required
City & State		h	City & State			6. Election Campaign Financing	Q		
Zip	Country	<b>28</b>		Carrata		Trust Fund Contribution	Ц		d to Fees
24	25		-	Countr	у	8. This corporation has liability for in			s. 199.032,
	9. Name and Address of Curren	29 I Registered Ac	ent 30	P1		Florida Statutes 22  10. Name and Address of New Reg	Yes _		
TAY	LOR, SAMUEL T			B1	Name	TV. Manie and Address of New Neg	istoreu A	Agur	
	E 10TH AVE								
	LEAH FL 33010			82	Street Add	dress (P.O. Box Number is Not Acceptabl	Θ)		
	AD 11 1 2 000 10			83			· · · · · · · · · · · · · · · · · · ·		
÷*;									
				84	City		FL	85 Zij	p Code
11. Pursuant	to the provisions of Sections 607 050	2 and 607 1508	Florida Statutes	the above	re-named co	reporation submits this statement for the ru	F L	changing	t the requestered
office or r	registered agent, or both, in the State	of Florida, Such	change was aut	horized b	y the corpora	rporation submits this statement for the pu ation's board of directors. I hereby accept	the appo	ointment a	as registered
4.7	an familia with and accept the obliga	anons or, sociron	607.0505, FIBRO	ia 5 atute	S.				
SIGNATURE	Signature, typed or printed nanie of registered age	rit and title if applicable	(NOTE: H	tou stered Aq	ent sejuature regi	uired when reinstating)	DATE		
12.	OFFICERS ANI	D DIRECTORS		13.		ADDITIONS/CHANGES TO OFFICE		DIRECTO	ORS IN 12
TITLE	VSD	Ţ	DELETE	1.1 UT.E				Change	
NAME	TAYLOR, S T, JR			1.2 NAME					
STREET ADDRESS	625 E 10 AVE			1.3 STREE	1 AODRESS				
CITY-ST-ZIP	HIALEAH, FL 00000			14 CHY-	S1 - 7IP				
TITLE	PID		DELETE	2.1 11111		THE CASE OF THE PROPERTY OF TH		Change	Addition
NAME	TAYLOR, PAUL N			2.2 NAME		_			
STREET ADDRESS	625 E 10TH AVE			23 STREE	1 ADDRESS				
CITY-ST-ZIP	HIALEAH, FL 00000			2. 4 CHY-	ST-ZIP				
TITLE	D CONTRACTOR	Į.	DELETE	3 1 THILE				Change	Addition
NAME	TAYLOR, SAMUEL T			3.2 NAME					
STREET ADDRESS	625 E 10TH AVE			3.3 STREE	I ADDRESS				ļ
:CITY-ST-ZIP	HIALEAH, FL 00000			3.4 CITY-	S1-2IP				
TITLE		i	DELETE	4.1 TITLE				Change	Addition
NAME				4. 2 NAME					
STREET ADDRESS				4.3 STREE	ADDRESS				ļ
CITY-ST-ZIP		<del>-</del>	70000	4.4 CITY - S	ST-ZIP				
TITLE 4:		L	DELETE	5.1 TITLE	İ			Change	Addition
NAME				5.2 NAME					
STREET ADDRESS				53 STREET	Ŧ				l
CITY-ST-ZIP			T DOLLTE	54 CITY-5	SI - ZIP				
TITLE		L	DELETE	6 FTITLE	İ		i	Change	Addition
NAME				6.2 NAME					
STREET ADDRESS				63 STREET	ADDRESS				
CITY-ST-ZIP				64 C/TY-5	ST - ZIP				

I do 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 or 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 comoration by 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.