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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #

(2)

S.T. TAYLOR CORPORATION

FILED May 01 1998 8:00am Secretary of State



Principal Place of Businoss Mailing Address						1 01011 21211 07011 0	7044 81817 1081	
625 E. 10TH AVE. 625 E. 10TH AVE. HIALEAH FL 33010 HIALEAH FL 33010								
TWACE ATT TO	. 50010	THALLAIT I'L GOOTO	MALEAN FE 33010			DO NOT WRITE IN THIS SPACE		
1						3. Date Incorporated or Qualified		
O Discours D	land of Occidents	1 6. 14.25 Add				01/20/1956		
	lace of Business	2a. Mailing Address	—— —			4. FEI Number	Applied For Not Applicable	
Suite, Apt.	# etc	Suite Ant # etc	Suite, Apt. #, etc.			59-0781697		Additional
22		27	· · ·		5. Certificate of Status Desired		equired	
City & State		City & State			•	6. Election Campaign Financing	\$5.00	May Be
23		28				Trust Fund Contribution		to Fees
Zip	Country	Zip	Countr			8. This corporation owes or has paid the		
24	25	29	30	30		Personal Property Tax due June 30.		No No
9, Name and Address of Current Registered Agent					Name	10. Name and Address of New Register	a Agent	
TAYLOR,SAMUEL T 625 E 10TH AVE				81				
		82 Street Addre			ess (P.O. Box Number is Not Acceptable)			
HIALEAH FL 33010				63				
				84	City	······································	85 Zip	Code
44 Purplant to the provisions of Scations 607 0503 and 507 1509 Elevide Statutes the					named core		L S Zip	le registered
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 registrated agent and title if applicable (NOTE Re 12. OF FICERS AND DIRECTORS				Age	int signature requir	ed when reinstating) DATI ADDITIONS/CHANGES TO OFFICERS A		2S IN 12
TIFLE	VSD	DELETE	13.			ADDITIONS/OFFICES TO OFFICE 15	Change	Addition
NAME	TAYLOR, S.T., JR		12 NA	ME				
STREET ADDRESS	625 E 10 AVE		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	HIALEAH, FL 00000		1.4 Cil	ry-\$1	T - ZIP			
TITLE			2.1 111	LE			Change	Addition
NAME			2.2 NA	2.2 NAME				
STREET AODRESS	625 E 10TH AVE		2.3 ST	2.3 STREET ADDRESS				
CITY-ST-ZIP	HIALEAH, FL 00000				ST - ZIP			
TITLE	D DELETE		3.1 TIT	3.1 TITLE			Change	☐ Addition
NAME	TAYLOR, SAMUEL T		3.2 NA	3.2 NAME				
STREET ADDRESS			3.3 STREET ADDRESS		ADDRESS			
CITY-ST-ZIP			3.4. CI		ST-ZIP			1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2
TITLE			4.1 117		İ		Change	Addition
NAME			4. 2 NAME					İ
STREET ADDRESS			4.3 STREE		· I			
CITY-ST-ZIP TITLE	- 	DELETE	4.4 CITY-1		I - ZIP	 	Change	Addition
NAME		_ otter	5.1 MA				La Change	
STREET ADDRESS					ADDRESS			
CITY-ST-ZIP				5.3 STREET ADDRESS 5.4 CITY-ST-ZIP				
TITLE	-4.11		6.1 TITLE				Спапре	Addition
NAME				6.2 NAME			_ •	-
STREET ADDRESS	1				ADORESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP					į
14. I hereby certify that the information symptod with this films does not qualify for the						Section 110 07(3\/i) Florida Statutos I further	contifue that the	information

received with the information supplies when this timing coes not quality for the exemption stated in Section 119.07(3)(), Florida Statutes. I further certify that the informatio indicated on this annual report or suppliemental amoual 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 trustue 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.