

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
AND  
FILED

95 MAR -2 PM 3:27

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # 340391 (2)

1. Corporation Name

TAYLOR CREEK ISLES, INC.

Principal Place of Business

600 PINE AVE  
OVIEDO FL 32765  
US

Mailing Address

~~XXXXXXXXXXXX~~  
~~XXXXXX~~  
~~XXXXXXXXXXXX~~

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

01/21/1969

3a. Date of Last Report

02/18/1994

4. FEI Number

59-1231878

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional  
Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be  
Added to Fees

Trust Fund Contribution

8. This corporation has liability for intangible tax under S. 199.032,  
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21

2a. Mailing Address

26

1500 San Remo Avenue

Suite, Apt. #, etc.

22

Suite, Apt. #, etc.

27

Suite 125

City & State

23

City & State

28

Coral Gables, FL 33146

Zip

24

Country

25

Zip

29

Country

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

BROOME, J FRANK  
660 PINE AVE  
OVIEDO 32765

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 fee if applicable

(NOTE: Registered Agent signature required when registering)

DATE

12. OFFICERS AND DIRECTORS

TITLE

PD

NAME

BROOME, J FRANK

STREET ADDRESS

660 PINE AVE

CITY - ST - ZIP

OVIEDO FL

TITLE

D

NAME

BUTLER, ROBERT B

STREET ADDRESS

1909 TYLER STREET

CITY - ST - ZIP

HOLLYWOOD FL

TITLE

~~XXX~~

NAME

~~NEUWAHL, ELIZABETH L~~

STREET ADDRESS

~~11825 TAYLOR STREET~~

CITY - ST - ZIP

~~HOLLYWOOD FL~~

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

S

☒ Change ☐ Addition

1.2 NAME

Malcolm H. Neuwahl

1.3 STREET ADDRESS

1500 San Remo Avenue, Suite 125

1.4 CITY - ST - ZIP

Coral Gables, FL 33146

2.1 TITLE

☒ Change ☐ Addition

2.2 NAME

4601 Sheridan Street, Suite 505

2.3 STREET ADDRESS

Hollywood, FL 33021

2.4 CITY - ST - ZIP

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

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 110.07(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:

*J Frank Broome*  
J. FRANK BROOME

2-27-95 (407) 366-4393

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Telephone Number