

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

FILED

Feb 26 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 594627 (2)  
1. Corporation Name  
ROB TAYLOR, INC.

Principal Place of Business  
2053 SECOFFEE ST.  
MIAMI FL 33133

Mailing Address  
2053 SECOFFEE ST.  
MIAMI FL 33133



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 2053 SECOFFEE ST. Suite, Apt. #, etc. 22 City & State 23 MIA. FL Zip 24 33133 County 25 DADE		2a. Mailing Address 26 2053 SECOFFEE ST. Suite, Apt. #, etc. 27 City & State 28 MIA. FL. Zip 29 33133 Country 30 DADE		3. Date Incorporated or Qualified 12/08/1978
				4. FEI Number 59-1867515 Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
				8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30 <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent TAYLOR, ROBERT M. 2053 SECOFFEE ST. MIAMI FL 33133		10. Name and Address of New Registered Agent 81 Name RON BAKER 82 Street Address (P.O. Box Number is Not Acceptable) 4675 PONCE DELEON BLVD. 83 # 301 84 City CORAL GABLES FL 85 Zip Code 33146	
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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]* DATE 1/22/98  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	SAME
NAME	TAYLOR, ROBERT M.	1.2 NAME	
STREET ADDRESS	2053 SECOFFEE ST.	1.3 STREET ADDRESS	2053 SECOFFEE ST.
CITY-ST-ZIP	MIAMI FL	1.4 CITY-ST-ZIP	MIA. FL. 33133
TITLE	S	2.1 TITLE	SAME: MARY L. TAYLOR
NAME	TAYLOR, MARY L.	2.2 NAME	
STREET ADDRESS	2053 SECOFFEE ST.	2.3 STREET ADDRESS	2053 SECOFFEE ST.
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	MIA. FL. 33133
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I 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 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: *[Signature]* DATE 1/22/98 305-856-8080

CR2E034 (10/97)