

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$275)

**APPROVED
AND
FILED**

95 JUL -5 AM 9:00

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

**PROFIT
CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # 666541 (8)

1. Corporation Name

**TAYLOR, COTTON, FIELDS & MITCHELL, INC. OF WEST
PALM BEACH, FLORIDA**

Principal Place of Business

**2338 FLAMINGO RD
PALM BCH GDN FL 33410
US**

Mailing Address

**2338 FLAMINGO RD
PALM BCH GDN FL 33410
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 04/11/1980	3a. Date of Last Report 04/25/1994
4. FEI Number 59-1976234	Appeal 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. Does corporation have liability for employment tax under 26 USC 1361? Florida Statutes ☐ Yes ☐ No	

2. Principal Place of Business

2a. Mailing Address

21. Suite, Apt. #, etc. 26. Suite, Apt. #, etc.

22. City & State 27. City & State

23. 24. 25. 26. 27. 28. 29. 30.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**MERENDINO C J
2338 FLAMINGO RD
W PALM BEACH, FL
PALM BCH GDN FL 33410**

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Accepted)	
83.	
84. City	FL

11. Pursuant to the provisions of Sections 607 (602) and 607 (506), 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 (506), Florida Statutes.

SIGNATURE

Signature of the person who is the registered agent or the corporation

Signature of the person who is the registered agent or the corporation

Date

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
NAME	PD MERENDINO, C.J. 2338 FLAMINGO ROAD PALM BEACH GARDENS FL	11. TITLE	☐ Change ☐ Addition
STREET ADDRESS	2338 FLAMINGO ROAD	12. NAME	
CITY, ST, ZIP	PALM BEACH GARDENS FL	13. STREET ADDRESS	
NAME	STD MERENDINO, TONI JEAN 2338 FLAMINGO ROAD PALM BEACH GARDENS FL	14. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS	2338 FLAMINGO ROAD	15. NAME	
CITY, ST, ZIP	PALM BEACH GARDENS FL	16. STREET ADDRESS	
NAME		17. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		18. NAME	
CITY, ST, ZIP		19. STREET ADDRESS	
NAME		20. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		21. NAME	
CITY, ST, ZIP		22. STREET ADDRESS	
NAME		23. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		24. NAME	
CITY, ST, ZIP		25. STREET ADDRESS	
NAME		26. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		27. NAME	
CITY, ST, ZIP		28. STREET ADDRESS	
NAME		29. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		30. NAME	
CITY, ST, ZIP		31. STREET ADDRESS	
NAME		32. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		33. NAME	
CITY, ST, ZIP		34. STREET ADDRESS	
NAME		35. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		36. NAME	
CITY, ST, ZIP		37. STREET ADDRESS	
NAME		38. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		39. NAME	
CITY, ST, ZIP		40. STREET ADDRESS	
NAME		41. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		42. NAME	
CITY, ST, ZIP		43. STREET ADDRESS	
NAME		44. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		45. NAME	
CITY, ST, ZIP		46. STREET ADDRESS	
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STREET ADDRESS		48. NAME	
CITY, ST, ZIP		49. STREET ADDRESS	
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STREET ADDRESS		51. NAME	
CITY, ST, ZIP		52. STREET ADDRESS	
NAME		53. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		54. NAME	
CITY, ST, ZIP		55. STREET ADDRESS	
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STREET ADDRESS		57. NAME	
CITY, ST, ZIP		58. STREET ADDRESS	
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STREET ADDRESS		60. NAME	
CITY, ST, ZIP		61. STREET ADDRESS	
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STREET ADDRESS		63. NAME	
CITY, ST, ZIP		64. STREET ADDRESS	
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STREET ADDRESS		66. NAME	
CITY, ST, ZIP		67. STREET ADDRESS	
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STREET ADDRESS		69. NAME	
CITY, ST, ZIP		70. STREET ADDRESS	
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CITY, ST, ZIP		73. STREET ADDRESS	
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STREET ADDRESS		81. NAME	
CITY, ST, ZIP		82. STREET ADDRESS	
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CITY, ST, ZIP		88. STREET ADDRESS	
NAME		89. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		90. NAME	
CITY, ST, ZIP		91. STREET ADDRESS	
NAME		92. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		93. NAME	
CITY, ST, ZIP		94. STREET ADDRESS	
NAME		95. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		96. NAME	
CITY, ST, ZIP		97. STREET ADDRESS	
NAME		98. CITY, ST, ZIP	☐ Change ☐ Addition
STREET ADDRESS		99. NAME	
CITY, ST, ZIP		100. STREET ADDRESS	

14. I do hereby certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 110 (07100), 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. I am an officer or director of this corporation, the receiver or trustee empowered to prepare this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 of Block 13 of this report, or in the attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (3/95)