

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # 684211

(6)

1. Corporation Name

TAYLOR'S TATTOOING, INC.

Principal Place of Business

1929 S. FEDERAL HWY.
FT LAUDERDALE FL 33316

Mailing Address

1929 S. FEDERAL HWY.
FT LAUDERDALE FL 33316



3. Date Incorporated or Qualified

08/15/1980

3a. Date of Last Report

02/10/1995

4. FEI Number

59-2096729

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

10. Name and Address of New Registered Agent

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

TAYLOR, MYLES
1929 S FEDERAL HWY
FT LAUDERDALE FL

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 607.07(2) and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0605, Florida Statutes.

SIGNATURE

Sandra B. Morton, Secretary of State

Robert L. Taylor, Agent for Service of Process

DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TAYLOR, MYLES	
STREET ADDRESS	1929 S. FEDERAL HWY.	
CITY-STATE-ZIP	FT LAUDERDALE, FL 00000 33316	
TITLE	VST	☐ DELETE
NAME	TAYLOR, MYLES	
STREET ADDRESS	1929 S. FEDERAL HWY.	
CITY-STATE-ZIP	FT LAUDERDALE FL 33316	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-STATE-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	☐ Change ☐ Addition
2. NAME	
3. STREET ADDRESS	
4. CITY-STATE-ZIP	
5. TITLE	☐ Change ☐ Addition
6. NAME	
7. STREET ADDRESS	
8. CITY-STATE-ZIP	
9. TITLE	☐ Change ☐ Addition
10. NAME	
11. STREET ADDRESS	
12. CITY-STATE-ZIP	
13. TITLE	☐ Change ☐ Addition
14. NAME	
15. STREET ADDRESS	
16. CITY-STATE-ZIP	
17. TITLE	☐ Change ☐ Addition
18. NAME	
19. STREET ADDRESS	
20. CITY-STATE-ZIP	

14. I do hereby certify that the information supplied on this filing is complete, true and correct and that I am an officer or director of the corporation or a duly authorized agent of the corporation 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 my attached statement.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

9-8-96

Register-Florida

CR2E034 (12/95)