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

PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # 816976 (5)									
TAYLOR REALTY ENTERPRISES, INC.									
Principal Place of Business Mailing Address									01041 01011 6401
	CONCOURSE #619 R ISLANDS FL 33154-9029	1111 KANE CONCOURSE #619 BAY HARBOR ISLANDS FL 33154-9029							
DAT HARDU	n 1900mu9 FL 99194-9029	BAT HARBUR ISLAND	S FL 33154-9	329	_	- 5 - 1			
						Date Incorporated or Qualified 06/17/1963	3a. Date	of Last R	
	ace of Business	2a. Mailing Address				4. FEI Number		` 	Applied For
Suite, Apt. I	B also	26	Suite Act # etc			59-1007435			Not Applicable
22	#, etc.	Suite, Apt. #, etc	 ,			5. Certificate of Status Desired			Additional Required
Orty & State)	City & State				6. Election Campaign Financing			0 May Be
23		28	т			Trust Fund Contribution		Adde	d to Fees
Zip 24	Country 25	Ζφ 29	Country 30			8. This corporation has liability for intangible tax under s 199.032, Florida Statutes ▼ Yes No			199.032,
1	9. Name and Address of Current		100		1	10. Name and Address of New R		gent	
			8	1 Name					
TAYLOR, MITCHELL			8	2 Street A	Address	(P.O. Box Number is Not Acceptab	ile)		
1111 KANE CONCOURSE #619				3					
BAY HA	RBOR ISLANDS FL 33154		83						
			8	4 City			FL	85 Zı	Code
11. Pursuant to	o the provisions of Sections 607.0502	and 607.1508, Florida Statute	es, the above	named co	rporalio	n submits this statement for the pur	nose of cha	nging its r	egistered office
or registere familiar wit	ed agent, or both, in the State of Florida th, and accept the obligations of, Section	a. Such change was authoriz on 607.0505, Florida Statutes	ed by the cor ·	poration's I	board o	directors. I hereby accept the appoint	ointment as i	registered	agent. I am
SIGNATURE _									
12.	Signature, typed or princed name of registered agent a OF FICERS AND		DE: Registered Ag	ent signature re	saurid who	at not stating? ADDITIONS/CHANGES TO OFFI	DATE ICE DS AND	DIRECTO	RS IN 12
TITLE	D XX DELETE			1 1 TITLE		ABBITION OF ANTOLO TO OFFI		Change	Addition
NAME	ARKIN, NORMAN A		1.2 NAME						
STREET ADDRESS	1111 KANE CONCOURSE #6	19	1.3 STREET ADDRESS						
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		1.4 CHY-ST-ZIP						
TITLE NAME	D TAYLOR, JACK			2.11116			L] Change	Addition
STREET ADDRESS	1111 KANE CONCOURSE #619			2.2 NAME 2.3 STREET ADDRESS					
CITY-ST-ZIP	BAY HARBOR ISLANDS FL		24 CITY						
TITLE	D DELETE			3 1 THUE] Change	Addition
NAME	TAYLOR, MITCHELL			3.2 NAME					
STREET ADORESS				3.3 STREET ADDRESS					
CITY - ST - ZIP	BAY HARBOR ISLANDS FL		3.4 CITY	+		- v			
TITLE	TV DELETE EEFTING, ILENE B			4 1 11 TE 4 2 NAME			L] Change	☐ Addition
NAME STREET ADDRESS	1111 KANE CONCOURSE #6	10							
CITY-ST-ZIP	BAY HARBOR ISLANDS FL			4.3 STREET ADDRESS 4.4 C/TY - ST - ZIF					
TITLE	D	DELETE 5 1 I					Г	Change	Addition
NAME	OULEDIAM, OALK O		5.2 NAME	5.2 NAME			-		_
STREET ADDRESS	1111 KANE CONCOURSE #619		5 3 STREE	5.3 STREET ADDRESS					
CHTY - ST - ZIP			5.4.0HY	ST-ZIP]
THILE	☐ DELETE €		6 1 TITLE	LF] Change	Add tion
NAME			6.2 NAME						
STREET ADDRESS			1	LADDRESS					
14. I do hereby	Ly certify that the information supplied w	ith this filing is voluntarily furn	64 City- ished and do	SI-ZiF es not qual	lify for th	le exemption stated in Section 119	07(3)(k). Flori	da Statut	es. 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 president of the corporation of the corporation or the president of the corporation of the corporat

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR