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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # **H73495**

1. Corporation Name

TERRY TAYLOR IMPORTS INC

(Lilli)	ATLON IMPORTS, INC.				
Principal Place of Business Mailing Address					F 100:011 (11) 12000 13111 01044 1040 01011 01011 01011 01011 01011 01011 01011 01011
1700 MASON AVE 515 EAST LAS OLAS BLVD FT LAUDERDALE FL 33301 US					DO NOT WRITE IN THIS SPACE 3. Date incorporated or Qualifed 08/28/1985
Principal Place of Business 2a. Mailing Address					4. FEI Number Applied For
21 515 E. LAS OLAS BLVD. 26					59-2585937 Not Applicable
Suite, Apt. #, etc. Suite, Apt. #,					5. Certificate of Status Desired \$8.75 Additional
22 SUITE 900 27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be
3 FT. LAUDERDALE, FLORIDA 28		28			Trust Fund Contribution Added to Fees
Zip			Country		8. This corporation owes the current year Intangible
24 33301	25 USA		0		Personal Property Tax. Yes No
	9. Name and Address of Current	Registered Agent	81	Name	10. Name and Address of New Registered Agent
	LOR, TERRY E. LAS OLAS BLVD		82		Address (P.O. Box Number is Not Acceptable)
SUITE 900			83		ļ
FT. LAUDERDALE FL 33301			84	84 City FL 85	
agent. I a	egistered agent, or both, in the state of m familiar with, and accept the obligat	ions of, Section 607.0505, Florid	da Statutes	i.	oration's board of directors. I hereby accept the appointment as registered equired when reinstating)
12.	OFFICERS AN	ERS AND DIRECTORS 1:			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		☐ Change ☐ Addition
NAME	TAYLOR, TERRY		1.2 NAME		
STREET ADDRESS	515 EAST LAS OLAS BLVD		1	TADDRESS	
CITY-ST-ZIP	FT LAUDERDALE FL	C DELETE	1.4 CITY-ST-ZIP		Change Addition
TITLE	S CARDO	☐ DELETE	2.1 TITLE		
NAME	CIENTEN, CAUCE		2.2 NAME		
STREET ADDRESS	740 W INT'L SPEEDWAY BLVD			T ADDRESS	
CITY-ST-ZIP	DAYTONA BCH FL	☐ DELETE	2.4 CiTY-ST-ZIP		☐ Change ☐ Addition
TITLE			3.2 NAME	}	, —
NAME STREET ADDRESS			1	TADDRESS	
CITY-ST-ZIP	Dr.Coo		3.4. CITY-1		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREE	T ADDRESS	
CITY-ST-ZIP	1		4.4 CITY-5	T-ZIP	
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			1	TADORESS	
CITY-ST-ZIP			5.4 CITY-S	T-ZIP	
INCE -		6.1 TITLE		☐ Change ☐ Addition	
*****	1		6.2 NAME	- 1	1

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, with an other like empowered.

6.3 STREET ADDRESS

TERRY TAYLOR

6.4 CITY-ST-ZIP

SIGNATURE:

NAME

STREET ADDRESS

CITY-ST-ZIP