

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

FILED
Mar 19 1997 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1997 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
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DOCUMENT # K26366 (0)

1. Corporation Name
TAFT INVESTORS, INC.



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|---------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------|
| Principal Place of Business % WILLIAM HORVITZ 1-E-BROWARD BLVD # 1101 FT LAUDERDALE FL 33301-1842 | Mailing Address % WILLIAM HORVITZ 1-E-BROWARD BLVD # 1101 FT LAUDERDALE FL 33301-1842 |
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| | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------|
| 3. Date Incorporated or Qualified 06/16/1988 | 3a. Date of Last Report 03/07/1996 |
| 4. FEI Number 65-0057972 | Applied For <input type="checkbox"/> 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 has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |

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|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------|
| 2. Principal Place of Business 21. City & State LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 | 2a. Mailing Address 26. City & State LAS OLAS CENTRE 450 EAST LAS OLAS BOULEVARD, #900 FORT LAUDERDALE, FLORIDA 33301 |
| 23. Zip 24. Country | 28. Zip 30. Country |

9. Name and Address of Current Registered Agent

HORVITZ, WILLIAM
1-E-BROWARD BLVD. # 1101
FT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81. Name
LAS OLAS CENTRE

82. Street Address
450 EAST LAS OLAS BOULEVARD, #900
FORT LAUDERDALE, FLORIDA 33301

84. City
FL

85. Zip Code

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 _____ (NOTE: Registered Agent signature required when registering)

| 12. OFFICERS AND DIRECTORS | | DELETE |
|----------------------------|-----------------------------------|--------------------------|
| TITLE | DPST | <input type="checkbox"/> |
| NAME | HORVITZ, WILLIAM D. | |
| STREET ADDRESS | 1-E-BROWARD BLVD #1101 | |
| CITY-ST-ZIP | FT LAUDERDALE FL | |
| TITLE | V | <input type="checkbox"/> |
| NAME | HORVITZ, DAVID W | |
| STREET ADDRESS | 1-EAST BROWARD BLVD. #1101 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | V | <input type="checkbox"/> |
| NAME | LUKE, DOUGLAS S. | |
| STREET ADDRESS | 1-EAST BROWARD BLVD. #1101 | |
| CITY-ST-ZIP | FT LAUDERDALE FL 33301 | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |
| TITLE | | <input type="checkbox"/> |
| NAME | | |
| STREET ADDRESS | | |
| CITY-ST-ZIP | | |

| 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | Change | Addition |
|-------------------------------------------------------|------------------------------------------|--------------------------|--------------------------|
| 1.1 TITLE | LAS OLAS CENTRE | <input type="checkbox"/> | <input type="checkbox"/> |
| 1.2 NAME | 450 EAST LAS OLAS BOULEVARD, #900 | | |
| 1.3 STREET ADDRESS | FORT LAUDERDALE, FLORIDA 33301 | | |
| 1.4 CITY-ST-ZIP | | | |
| 2.1 TITLE | LAS OLAS CENTRE | <input type="checkbox"/> | <input type="checkbox"/> |
| 2.2 NAME | 450 EAST LAS OLAS BOULEVARD, #900 | | |
| 2.3 STREET ADDRESS | FORT LAUDERDALE, FLORIDA 33301 | | |
| 2.4 CITY-ST-ZIP | | | |
| 3.1 TITLE | LAS OLAS CENTRE | <input type="checkbox"/> | <input type="checkbox"/> |
| 3.2 NAME | 450 EAST LAS OLAS BOULEVARD, #900 | | |
| 3.3 STREET ADDRESS | FORT LAUDERDALE, FLORIDA 33301 | | |
| 3.4 CITY-ST-ZIP | | | |
| 4.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 4.2 NAME | | | |
| 4.3 STREET ADDRESS | | | |
| 4.4 CITY-ST-ZIP | | | |
| 5.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 5.2 NAME | | | |
| 5.3 STREET ADDRESS | | | |
| 5.4 CITY-ST-ZIP | | | |
| 6.1 TITLE | | <input type="checkbox"/> | <input type="checkbox"/> |
| 6.2 NAME | | | |
| 6.3 STREET ADDRESS | | | |
| 6.4 CITY-ST-ZIP | | | |

14. I do 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: _____

CR2E034 (9/96)