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

PROFIT CORPORATION **ANNUAL REPORT**

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K26366

(0)

TAFT INVESTORS, INC.

FILED May 18 1998 8:00am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			F TO STATE ALTO A DATE OF THE OFFICE	THE THE RUNAL BIRTH BIRTH	111
LAS OLAS CTR 450 E LAS OLAS BLVD 900 FT LAUDERDALE FL 33301-1842		LAS OLAS CTR 450 E LAS OLAS BLVD 900 FT LAUDERDALE FL 33301-1842				DO NOT WRITE IN THIS SPACE		
U\$ '		U\$		3. Date Incorporated or Qualified 06/16/1988				
2. Principal Pl	ace of Business	2a. Mailing Address				4. FEI Number	Applied F	For
21		26	<u> </u>			65-0057972	Not Appl	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		
City & State		City & State	City & State			6. Election Campaign Financing	\$5.00 May B	3е
23		28				Trust Fund Contribution	Added to Fee	s
Zip	Country	Zφ	· ¬			8. This corporation owes or has paid the current year intangible		
24	25	29	30			Personal Property Tax due June 30. Yes No 10. Name and Address of New Registered Agent		
	9. Name and Address of Curren	Registered Agent		81	Nicon	10. Name and Address of New Hegister	Ø Agent	
	RVITZ, WILLIAM		1	°'	Name			j
	S OLAS CTR		Ī	82	Street Add	fress (P.O. Box Number is Not Acceptable)		
) E LAS OLAS BLVD 900 LAUDERDALE FL 33301		}	83				
	•			84	City	F	85 Zip Code	
14 Purcuent I	n the pravisions of Spetions 607.050	2 and 607 1508 Florida Statu	les the ab		named col			horote
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 Signature, type-discreptified frame of registered agent and title displicable (NOTE: Registered Agent signature required when reinstating) DATE								
12.	OLLICERS AND		13.	/ / gr./	t signott ti requ	ADDITIONS/CHANGES TO OFFICERS A		2
TITLE	DPST	DELETE	1110	LE				Addition
NAME	HORVITZ, WILLIAM D.		1.2 NA	ME			_	
STREET ADDRESS	LAS OLAS CTR 450 E LAS O	LAS BLVD 900	1.3 ST	RELLA	ADDRESS			1
CITY-ST-ZIP	FT LAUDERDALE FL		1.4 CII		1			
TITLE		DELFTE	2.1 TITLE				☐ Change ☐ A	Addition
NAME	HORVITZ, DAVID W		2.2 NA	ME				
STREET ADDRESS	LAS OLAS CTR 450 E LAS O	LAS BLVD 900	2351	REET	ADDRESS			
CITY-ST-ZIP	FT. LAUDERDALE FL		2. 4 Ci	TY-S	.1 - ŽIP			
TITLE	V	DELETE	3.1 TiT	LF			☐ Change ☐ A	Addition
NAME	LUKE, DOUGLAS S.		3.2 NA	ME				
STREET ADDRESS	LAS OLAS CTR 450 E LAS O	LAS BLVD 900	3.3 ST	REET	ADDRESS			
CITY-\$1-ZIP	_FT. LAUDERDALE FL		3 4. CITY - ST - ZIP		1 - ZIP			
TITLE		DELETE	4 1 TIT	LE			Change A	Addition
NAME			4.2 NA	AME				1
STREET ADDRESS			4.3 ST	REET A	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-S1	I-ZIP			
TITLE		☐ DELÉTE	5.1 T(T	LE			Change A	Addition
NAME			5.2 NA	ME				İ
STREET ADDRESS			5.3 \$16	REET	ADDRESS			
CITY-ST-ZIP		The same of the sa	5.4 CIT	Y-ST	- Z(P			
TITLE		☐ DELETE	61 TIT	LE.			☐ Change ☐ A	Addition
NAME			62 NA	ME				1
STREET ADDRESS			63 ST	REET A	ADDRESS			
CITY-ST-ZIP			6.4 CIT					
14. Thereby o	ertify that the information supplied wi	th this filing/Hoes not qualify f	or the exe	mpi	ion stated in	n Section 119.07(3)(i), Florida Statutes. I further	certify that the inform	nation

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 of trustice 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: