

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

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**Apr 03 1997 8:00am**  
**Secretary of State**



**PROFIT CORPORATION ANNUAL REPORT 1997**

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

**DOCUMENT # K47769 (0)**

1. Corporation Name  
**SHAWN TAYLOR, INC.**



Principal Place of Business: **5450 SOUTH STATE ROAD 7 FT. LAUDERDALE FL 33314**  
 Mailing Address: **5450 SOUTH STATE ROAD 7 FT. LAUDERDALE FL 33314-8442**

3. Date Incorporated or Qualified: **11/29/1988**  
 3a. Date of Last Report: **03/08/1996**  
 4. FEI Number: **65-0271382**  
 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

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25  
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent  
**MARSHALL, MARY JANE**  
**5450 SOUTH STATE ROAD 7**  
**SUITE 35**  
**FORT LAUDERDALE FL 33314**

10. Name and Address of New Registered Agent  
 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 607.0502 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: *Mary Jane Marshall* DATE: **3/7/97**

12. OFFICERS AND DIRECTORS

|                 |                                       |
|-----------------|---------------------------------------|
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            | <b>P MARSHALL, MARY JANE</b>          |
| STREET ADDRESS  | <b>5450 SOUTH STATE ROAD SUITE 35</b> |
| CITY - ST - ZIP | <b>FORT LAUDERDALE FL</b>             |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |
| TITLE           | <input type="checkbox"/> DELETE       |
| NAME            |                                       |
| STREET ADDRESS  |                                       |
| CITY - ST - ZIP |                                       |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |  |
|--------------------|--|
| 11 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 12 NAME            |  |
| 13 STREET ADDRESS  |  |
| 14 CITY - ST - ZIP |  |
| 21 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 22 NAME            | <b>VICE PRES. JOHN RAY FRIEDRICH</b>   |
| 23 STREET ADDRESS  | <b>5450 SO. STATE Rd. 7 Suite 35</b>   |
| 24 CITY - ST - ZIP | <b>FT. LAUD. FL 33314</b>  |
| 31 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 32 NAME            |  |
| 33 STREET ADDRESS  |  |
| 34 CITY - ST - ZIP |  |
| 41 TITLE           | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 42 NAME            | <b>SEC/TREASURE BOBBIE L GENTRY</b>  |
| 43 STREET ADDRESS  | <b>5450 SO. STATE Rd 7 Suite 35</b>  |
| 44 CITY - ST - ZIP | <b>FT LAUD. FL 33314</b>   |
| 51 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 52 NAME            |  |
| 53 STREET ADDRESS  |  |
| 54 CITY - ST - ZIP |  |
| 61 TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| 62 NAME            |  |
| 63 STREET ADDRESS  |  |
| 64 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: *Mary Jane Marshall* DATE: **3/7/97** 954 797 7977

CR2E034 (9/96)