FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

APPROVED AND FILED

CORPORATION ANNUAL REPORT **1995**

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

95 MAY -1 AM 9:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **L32410** **(7)**

1. Corporation Name

RUSS TAYLOR ILLUSTRATION, INC.

Principal Place of Business	Mailing Address
8194 EAST STRAWBRIDGE AVE. **MELBOURNE FL 32901**	**8194 EAST STRAWBRIDGE AVE.** **MELBOURNE FL 32901**

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business 21	2a. Mailing Address 26	3. Date Incorporated or Qualified **11/22/1989**	3a. Date of Last Report **04/27/1994**
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27	4. FEI Number **59-2976670**	☐ Applied For ☐ Not Applicable
City & State 23	City & State 28	5. Certificate of Status Desired ☐	**$8.75** Additional Fee Required
Zip / County 24 / 25	Zip / County 29 / 30	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	

9. Name and Address of Current Registered Agent

MILTZ, MARK E.
1494 AVOCADO AVE, (MELBOURNE, FL 32965)
1434 KASLO CIRCLE NW
PALM BAY FL 32907

10. Name and Address of New Registered Agent

81 Name: RUSS TAYLOR

82 Street Address (P.O. Box Number is Not Acceptable): 819 E STRAWBRIDGE AVE

83: NO. 4

84 City: MELBOURNE FL **FL** 85 Zip Code: 32901

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: Russell Taylor — 5/1/95

Signature, typed or printed name of registered agent (and title if applicable) — (NOTE: Registered Agent signature required when reinstating) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	DP	1.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	MILTZ, MARK E	1.2 NAME		
STREET ADDRESS	1434 KASLO CIR NW	1.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	1.4 CITY-ST-ZIP		
TITLE	DVT	2.1 TITLE	DP	☒ Change ☐ Addition
NAME	TAYLOR, RUSSELL W	2.2 NAME		
STREET ADDRESS	133 CONGRESS AVE	2.3 STREET ADDRESS	760 Orange blossom dr.	
CITY-ST-ZIP	DAYTONA BEACH FL	2.4 CITY-ST-ZIP	Melbourne, FL 32901	
TITLE	S	3.1 TITLE	DELETE	☒ Change ☐ Addition
NAME	MILTZ, COORTNEY L	3.2 NAME		
STREET ADDRESS	1434 KASLO CIRCLE NW	3.3 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL	3.4 CITY-ST-ZIP		
TITLE		4.1 TITLE		☐ Change ☐ Addition
NAME		4.2 NAME		
STREET ADDRESS		4.3 STREET ADDRESS		
CITY-ST-ZIP		4.4 CITY-ST-ZIP		
TITLE		5.1 TITLE		☐ Change ☐ Addition
NAME		5.2 NAME		
STREET ADDRESS		5.3 STREET ADDRESS		
CITY-ST-ZIP		5.4 CITY-ST-ZIP		
TITLE		6.1 TITLE		☐ Change ☐ Addition
NAME		6.2 NAME		
STREET ADDRESS		6.3 STREET ADDRESS		
CITY-ST-ZIP		6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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: Russell N. Taylor — 4-17-95 — 407-726-8512

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR RECEIVER — Date — Daytime Phone #

041995 -- FP