


FILED
Feb 10, 2005 8:00 am
Secretary of State

01-18-2005 90061 002 ***158.75

**2005 FOR PROFIT CORPORATION
ANNUAL REPORT**

DOCUMENT # P02000134786			
1. Entity Name BRICKELL-TAPLIN FAMILY CORPORATION			
Principal Place of Business 1177 KANE CONCOURSE SUITE 201 BAY HARBOR, FL-33154		Mailing Address 1177 KANE CONCOURSE SUITE 201 BAY HARBOR, FL-33154	
2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country
4. FEI Number APPLIED FOR		Applied For Not Applicable	
5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required			
6. Name and Address of Current Registered Agent CUMMINGS, PAUL 1428 BRICKELL AVENUE SUITE 400 MIAMI, FL 33131		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.			
SIGNATURE _____ (NOTE: Registered Agent signature required when reappointing) DATE _____			
FILE NOW!!! FEE IS \$150.00 After May 1, 2005 Fee will be \$550.00		9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees	
10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D TAPLIN, MARTIN W 1177 KANE CONCOURSE SUITE 201 BAY HARBOR, FL 33154 <input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address with all other information.			
SIGNATURE: _____ SIGNATURE AND TYPE (PRINTED NAME OF SIGNING OFFICER OR DIRECTOR) MARTIN W. TAPLIN		Date: 1/12/2005 Daytime Phone # _____	

ATTACHMENT

X

 **IRS** DEPARTMENT OF THE TREASURY
INTERNAL REVENUE SERVICE
OGDEN UT 84201-0023

66001655
P02000134786

001039.159541.0005.001 2 AT 0.517 1702

|||||

Date of this notice: 01-24-2005

Employer Identification Number:
90-0214421

Form: 1120

Number of this notice: CP 576 A

For assistance you may call us at:
1-800-829-4933


BRICKELL-TAPLAN FAMILY CORP
1177 KANE CONCOURSE STE 201
BAY HARBOR FL 33154

IF YOU WRITE, ATTACH THE
STUB OF THIS NOTICE.

001039

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

As we were processing your Form 1120 for tax period 122003, we found that your form didn't have a valid employer identification number (EIN). Our records show no EIN assigned to this business. Since an EIN is required by law, we assigned you EIN 90-0214421. Please keep this notice for your records.

Use your name and EIN exactly as shown above on all federal tax forms, payments, and related correspondence. If you use any variation in your name or EIN it may cause a delay in processing, incorrect information in your account, or cause you to be assigned more than one EIN.

Every taxpayer must figure taxable income on the basis of an annual accounting period, called a tax year. For trusts, your tax year must generally be a calendar year, unless you are a charitable trust or are exempt from tax under the law. For partnerships, your tax year must conform with either the tax year of the majority partners, the tax year of the principal owners, or a calendar year, in that order, unless you establish a business purpose for using a different tax year. A personal service corporation must use a calendar year as its tax year, unless you establish a business purpose for using a different tax year. For further information, see Publication 538 (Accounting Periods and Methods), available at most IRS offices.

We've enclosed a Form SS-4, Application for Employer Identification Number (EIN), for you to complete so your account record will be complete. Please return the form with the bottom part of this notice within 15 days. We've enclosed an envelope for your convenience.

If you already have an EIN, return the bottom part of this notice to us. Write in the exact name and EIN shown on the notice you received assigning you that EIN.

Thank you for your cooperation.

66001655

ATTACHMENT

P02000134786

Form **SS-4**

(REV. December 2001)

Department of the Treasury
Internal Revenue Service**Application for Employer Identification Number**(For use by employers, corporations, partnerships, trusts, estates, churches,
government agencies, Indian tribal entities, certain individuals, and others)EIN **90-0214421**

OMB No. 1545-0003

▶ See separate instructions for each line. ▶ Keep a copy for your records.

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested. BRICKELL-TAPLAN FAMILY CORP		
	2 Trade name of business (if different from name on line 1)		3 Executor, trustee, "care of" name
	4a Mailing address (room, apt., suite no. and street, or P.O. box) 1177 KANE CONCOURSE, SUITE 201		5a Street address (if different) (Do not enter a P.O. box)
	4b City, state, and ZIP code DAY HARBOR, FL 33154		5b City, state, and ZIP code
	6 County and state where principal business is located MIAMI-DADE		
	7a Name of principal officer, general partner, grantor, owner, or trustor MARTIN W. TAPLIN		7b SSN, ITIN, or EIN 329-30-8554
8a Type of entity (check only one box)			
<input type="checkbox"/> Sole proprietor (SSN) 11			
<input type="checkbox"/> Partnership			
<input checked="" type="checkbox"/> Corporation (enter form number to be filed) ▶ 1120			
<input type="checkbox"/> Personal service corp.			
<input type="checkbox"/> Church or church-controlled organization			
<input type="checkbox"/> Other nonprofit organization (specify) ▶			
<input type="checkbox"/> Other (specify) ▶			
<input type="checkbox"/> Estate (SSN of decedent)			
<input type="checkbox"/> Plan administrator (SSN)			
<input type="checkbox"/> Trust (SSN of grantor)			
<input type="checkbox"/> National Guard <input type="checkbox"/> State/local government			
<input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military			
<input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises			
Group Exemption Number (GEN) ▶			
8b If a corporation, name of state or foreign country (if applicable) where incorporated		State FLORIDA	Foreign country
9 Reason for applying (check only one box)			
<input checked="" type="checkbox"/> Started new business (specify type) ▶ HOLDING COMPANY			
<input type="checkbox"/> Hired employees (Check the box and see line 12.)			
<input type="checkbox"/> Compliance with IRS withholding regulations			
<input type="checkbox"/> Other (specify) ▶			
<input type="checkbox"/> Banking purpose (specify purpose) ▶			
<input type="checkbox"/> Changed type of organization (specify new type) ▶			
<input type="checkbox"/> Purchased going business			
<input type="checkbox"/> Created a trust (specify type) ▶			
<input type="checkbox"/> Created a pension plan (specify type) ▶			
10 Date business started or acquired (month, day, year) 12/27/02		11 Closing month of accounting year DECEMBER	
12 First date wages or annuities were paid or will be paid (month, day, year) UNKNOWN Note: If applicant is a withholding agent, enter date income will first be paid to nonresident alien. (month, day, year)			
13 Highest number of employees expected in the next 12 months. Note: If the applicant does not expect to have any employees during the period, enter "0."		Agricultural 0	Household 0
		Other 0	
14 Check one box that best describes the principal activity of your business.			
<input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker			
<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail			
<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input type="checkbox"/> Finance & insurance <input checked="" type="checkbox"/> Other (specify) HOLDING COMPANY			
15 Indicate principal line of merchandise sold; specific construction work done; products produced; or services provided. N/A			
16a Has the applicant ever applied for an employee identification number for this or any other business? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No			
Note: If "Yes," please complete lines 16b and 16c.			
16b If you checked "Yes" on line 16a, give applicant's legal name and trade name shown on prior application if different from line 1 or 2 above.			
Legal name ▶		Trade name ▶	
16c Approximate date when, and city and state where, the application was filed. Enter previous employer identification number if known.			
Approximate date when filed (mo., day, year)		City and state where filed	Previous EIN
Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.			
Third Party Designee	Designee's name		Designee's telephone number (incl. area code)
	Address and Zip Code		Designee's fax number (include area code)
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.			
Name and title (Please type or print clearly) ▶		Applicant's telephone number (incl. area code)	
Signature ▶		Applicant's fax number (include area code)	
Date ▶ 1/26/05			
For Privacy Act and Paperwork Reduction Act Notice, see separate instructions. Cat. No. 16055N			
Form SS-4 (Rev. 12-2001)			