

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.  
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

1997 AUG -5 PM 4:08

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P92000009207 (1)**  
1. Corporation Name  
**IRENE M. TAYLOR, P.A.**

Principal Place of Business <b>530 E CENTRAL BLVD ORLANDO FL 32801</b>	Mailing Address <b>717 EAST OAK STREET KISSIMMEE FL 34744</b>
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address	
21 <b>530 E. Central Blvd.</b>	26	Suite, Apt. #, etc.	
22 <b>#1805</b>	27	City & State	
23 <b>Orlando, FL 32801</b>	28	City & State	
24 <b>32801</b>	25 <b>USA</b>	29	30

3. Date Incorporated or Qualified <b>12/02/1992</b>	3a. Date of Last Report <b>05/15/1996</b>
4. FEI Number <b>59-3154448</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent  
**CONSTANTINE, EDWIN B.  
3437 DOVE HOLLOW CT.  
SUITE 203  
PALM HARBOR FL 34683**

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box)	<b>3000 N. 263845--1 -08/11/97--01165--004</b>
83	<b>****165.00 ****165.00</b>
84 City	<b>FL</b> 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 reinstating) \_\_\_\_\_ DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, IRENE M</b>	
STREET ADDRESS	<b>530 E CENTRAL BLVD #1805</b>	
CITY-ST-ZIP	<b>ORLANDO FL 32801</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

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

**769  
05/97**

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.

CR2E034 (4/97)

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July 30, 1997

Division of Corporations  
Annual Reports  
P.O. Box 1500  
Tallahassee, FL 32302-1500

RE: Irene M. Taylor, P.A.  
59-3154448  
Document #P92000009207

According to my accountants, H.J. Swart & Company, my Corporate Annual Report was mailed to me in a timely manner. For some reason, I never received it.

I just received my SECOND NOTICE and am enclosing a check for \$165.00 for the original amount of the filing fees.

Thank you for your consideration in this matter.

Sincerely,

*Irene M. Taylor P.A.*

Irene M. Taylor