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 # P93000067544 (5)

TAURUS MARKETING INC.

Principal Place of Business			Ma	Mailing Address					I INDIIROI IIN INEON IIII ANDIII DOIII DOIII	i4f 88186 81111 18 39 i 81	II DEBILL		
33223 US HWY 19 NORTH			33	33223 US HWY 19 NORTH									
SUITE 501			SI	SUITE 501					DO NOT WRITE IN THIS SPACE				
PALM HARBOR FL 34684 PALM HAR				ALM HARBOR FL 3468	HARBOR FL 34684				3. Date Incorporated or Qualified				
								ì	09/23/1993				
2. Principal Pla	ace of Busin	ness	2a.	Mailing Address					4. FEI Number		App	lied For	
21			26	-					59-3204581		+	Applicable	
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired	□ \$8.	75 Ac	Iditional	
22			27	27					6. Certificate of Status Desired	Fe	e Req	uired	
City & State				City & State					6. Election Campaign Financing			lay Be	
23			28	· 					Trust Fund Contribution Added to Fees				
Zip	Country			Zip Country			,	1	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.				
24	A Name	and Address of Current	29	larad Anoni	30				Personal Property Tax due June 10. Name and Address of New Re			NO	
			nogisi	telen Ageist		81	Name		10. Hame gild Address of New Tie	Sistered Agent			
	L, VANITA												
33223 US HWY 19 NO., S-501 PALM HARBOR FL 34684							Street	Addres	s (P.Ö. Box Number is Not Acceptal	ble)			
PAL	W WAKBO	H FL 34684				83							
										·			
						84	City			FL 85	Zip Co	ode	
11. Pursuant t	to the provis	ions of Sections 607.0502	2 and 60	07.1508, Florida Statu	ites, the	above	e-named	corpor	ation submits this statement for the p	ourpose of chang	ing its	registered	
office or re	e ciste red ac	jent, or both, in the State (ith, and accept the obliga	of Floric	ia. Such change was	authoriz	ed by	/ the corp	poration	n's board of directors, I hereby acce	pt the appointmo	nt as ro	egistered	
SIGNATURE	it jarringti w	itii, and accept the conga	incura Or	, COCO (100 HO1133G , 1	ionoa ot	aldice	, .						
												I	
	Signature typed	Comparted harve of registered ages	e and Min	Capplicable (NO	∏r: Rog ste	red Age	nt signature	e required	when reinstating)	DATE.			
	Signature typed	or printed name of registered agus OF FICERS AND		TORS	Ti: Registe		nnt signature	e required	when reinstating) ADDITIONS/CHANGES TO OFFICE	CERS AND DIREC			
	D	OFFICERS AND			13		ent signature	e required				IN 12	
12.	D HALL, J	OFFICERS AND	DIREC	TORS	13 1.1	J	ort signature	e required		CERS AND DIREC			
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CITY-ST-ZIP

14. Thereby 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 eath; 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.

FILED

Jun 18 1998 8:00am

Secretary of State