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

**CORPORATION ANNUAL REPORT** 

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State **DIVISION OF CORPORATIONS** 

P93000069738 (1) DOCUMENT #

PATRICIA I. TAYLOR, P.A.

## **FILED** Apr 24 1998 8:00am Secretary of State

	WITH THEOTHER								
Principal Place of Business		Mailing Address				i (garidar din ikina dilit galit onlit d	8144 <b>6</b> 8448 <b>9</b> 4411		INTERNITORE
73 S W FLAGLER AVE		73 S W FLAGLER AVE			1				
STUART FL 34994		STUART FL 34994				50 1107 1107			
US		US			-	DO NOT WRITE IN THIS SPACE			
						<ol> <li>Date Incorporated or Qualified 09/29/1993</li> </ol>			
	lace of Business	2a. Mailing Address				4. FEI Number		A	oplied For
21		26				65 <del>-044</del> 0835			ot Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.				5. Certificate of Status Desired			Additional
City & State		City & State							equired
23		28				6. Election Campaign Financing Trust Fund Contribution	$\Box$		May Be to Fees
Zip	Country Zip		Country	Country			oid the our		
24	25	29	30			<ol> <li>This corporation owes or has p Personal Property Tax due June</li> </ol>	_		No I
<del></del>	9. Name and Address of Curren	<del></del>	100		1	0. Name and Address of New R			
TA	YL <b>o</b> r, patricia i		81	Name					
73 S W FLAGLER AVE			92	Ctuant	Anlalana	/O.O. Davidurahas is No. Assessed	LI-V		
STUART FL 34994			82	Street	Address	(P.O. Box Number is Not Accepta	bie)		
			83	<del> </del>		1 Team			
			-					1.21	
			84	City			FL	85 Zip	Code
11. Pursuant to the provisions of Soctions 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 607.0506, Florida Statutes.									
SIGNATURE									
	Signature, typed or printed name of registered ago		: Registered Age	ent signature	e required wh		DATE		
12.	OFFICERS ANI	<del></del>	13.		19-1.76	ADDITIONS/CHANGES TO OFFI			
TITLE	TAYLOR, PATRICIA I	DELETE	1.1 TITLE		PIVE	7/7/5/0	· —	Change	Addition
NAME	ALCE DECOU TOES LANS		1.2 NAME		TA	YLOR PATRICIT	1 1-01	OCA	
STREET ADDRESS	STUART FL		1.3 STREET ADDRESS 8		84	YLOR PATRICIA 5 NE VANDA ENSEN BEACH	726	21194	57
CITY-ST-ZIP TITLE	PVST	DELETE	1.4 CITY - S	IT-ZIP	1 L	MOEN DEACH	72	Change	Addition
	TAYLOR, PATRICIA I	DELETE	2.1 TITLE					∟ ∟nange	L Addition
NAME	61 SE BEECH TREE LANE		2.2 NAME						
STREET ADDRESS	\$TUART FL		2.3 STREET				* *		1
CITY-ST-ZIP TITLE	OTOMIT IE	☐ DELETE		2. 4 C(TY - ST - Z(P 3.1 T(TLE				Change	Addition
NAME		Deceme	a de la composição	1				TT Anguiñe	C Addition
STREET ADORESS			3.2 NAME 3.3 STREET	ADDRESS	}				
CITY-ST-ZIP TITLE		☐ DELETE	3.4. CITY - 5 4.1 TITLE	51-212	ļ			Change	Addition
NAME			4. 2 NAME	İ				Onlinge	Addition
STREET ADDRESS			4.2 IVAINE 4.3 STREET	ADDOLEC					ļ
CITY-ST-ZIP				j					
TITLE			4.4 CHY-S 5.1 TITLE	11-214				Change	Addition
NAME		FT 000016	52 NAME				,	- overigo	
STREET ADDRESS			53 STREET	ADDRESS					
CITY-ST-ZIP			54 CITY-S						•
TITLE		DELETE	61 TITLE	1 - LIF				Change	Addition
NAME			6.2 NAME				'		• radition
STREET ADDRESS			6.3 STREET	ADDRESS					
CITY-ST-ZIP			6.4 CITY - S						
401 W M			■ V. / OIII - 3		1				

14. I 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.