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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # P94000026775

Principal Flace of Business
621 SW 14TH TERRACE FT LAUDERDALE FL 33312
FT ENGULIDACE TE SOUZ

FILED Jan 23, 1999 8:00am **Secretary of State**

01-23-1999 90025 025 ***150.00

KERRY	TAYLOR PA								
Dringing Place	o of Rusiness	Mailing Address				- 10041004110 40411 91014 83141 80111 00411 40113	(I tal B illy (ec il		
Principal Place of Business 621 SW 14TH TERRACE FT LAUDERDALE FL 33312 US Mailing Address 621 SW 14TH TERRACE FT LAUDERDALE FL 33312 US						DO NOT WRITE IN THIS	SPACE		1
						3. Date Incorporated or Qualifed			
		O- M-ili Address			·· · · · · ·	04/05/1994 4. FEI Number		plied For	ł
2. Principal Place of Business 2a. Mailing Address							<u> </u>	oplied For ot Applicable	- 5
21	# ata	Suite, Apt. #, etc				65-0491799	\$8.75		
Suite, Apt.	#, etc.	27	Sales, Apr. W. Olo.			5. Certifcate of Status Desired		equired	
City & Stat	te	City & State				6. Election Campaign Financing	\$5.00	May Be	
23		28				Trust Fund Contribution		to Fees	
Zip	Country	Zíp	c。	untry		8. This corporation owes the current year In		-/	
24	25	29	30	<u></u>		Personal Property Tax.	☐ Yes	No	
	9. Name and Address of Curren	nt Registered Agent		81 Name		10. Name and Address of New Registered	Agent /	· · · · · ·	ł
TAV	LOR, KERRY			OI Nam	5				
	SW 14TH TER			82 Stree	t Addre	ss (P.O. Box Number is Not Acceptable)			
	AUDERDALE FL 33312			83		Stranger of the second	· 1	1 1 1 1 1 1 1	1
	3/05/2/10/12/00/12					<u> </u>			
				84 City		FI	85 Zip	Code	İ
11 Purcuant	to the provisions of Sections 607 050	2 and 607 1508 Florida S	tatutes, the	 above-name	d corpo	ration submits this statement for the purpose of	changing its	registered	1
office or t	registered agent, or both, in the State am familiar with, and accept the obliga	of Florida, Such change w	as authorize	d by the cor	poration	n's board of directors. I hereby accept the appo	intment as re	gistered	
		mions of, Section 607.050a	, Florida Sta	ioles.					
SIGNATURE	Signature, typed or printed name of registered agei	nt and title if applicable.	(NOTE: Registere	d Agent signatur	e required	when reinstating) DATE) á
12.	OFFICERS AN	ID DIRECTORS	13			ADDITIONS/CHANGES TO OFFICERS AF			Š
TITLE	D DELETE		E 1.11	1.1 TITLE			Change	☐ Addition	1
NAME TAYLOR, KERRY			1.21	AME					Š
STREET ADDRESS			1.3 8	STREET ADDRES	s				ļ
CITY-ST-ZIP	FT LAUDERDALE FL 33312			XTY-ST-ZIP				- Addison	ļè
TITLE	☐ DELETE 2.1		TILE			Change	Addition	`	
NAME				IAME					
STREET ADDRESS				TREET ADDRES	s				
CITY-ST-ZIP				CITY-ST-ZIP		·	☐ Change	Addition	-
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NAME	Fig. 17			HAME STREET ADDRES	وا				
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NAME				NAME					
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CITY-ST-ZIP	1			CITY-ST-ZIP					
TITLE		☐ DELET		TILE	1		Change	☐ Addition	
NAME			5.21	AME					
STREET ADDRESS			5.3 5	STREET ADDRES	s				
CITY-ST-ZIP			5.4 (CITY-ST-ZIP					
TITLE	194	☐ DELET	E 6.1	TTLE			Change	Addition	
NAME			6.21	NAME					
STREET ADDRESS			6.3 \$	STREET ADORES	s				

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 of 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, with all other like empowered.

SIGNATURE: