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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000037384 (2)

TPG TAYLOR CORPORATION

Principa! Plac 5625 NW 7TH MIAMI FL 3312	AVE	Mailing Address 5625 NW 7TH AVE MIAMI FL 33127-140	<b>G</b>						
						3. Date Incorporated or Qualified		Date of Last R	teport
2. Principal P	lace of Business	2a, Mailing Addres	\$		<del> </del>	05/18/1994 4. FEI Number	1 02	/13/1996	onlind For
21		26	F-3 **			7 00.00 (0)			ot Applicable
Suile, Apt. #, etc		Suite, Apt. #, et	Suite, Apt. #, etc.			5. Certificate of Status Desired See Required			
City & State		City & State	verve   12. =			6 Florio Comming Financia			<del>'</del>
23		}-:ı ´	28			6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
Zrp Country		Zip	Zip Country			8. This corporation has liability in prangible tax under s. 199.032,			
24	25	29	30			Florida Statutes	Yes	☐ No	
ļ	9. Name and Address of Curr	rent Registered Agent		81	41	10. Name and Address of New R	egistered	Agent	
	LOR, WILLIE H			61	Name			•	
	5 NW 7TH AVE VII FL 33127			82	Street Add	ress (P.O. Box Number is Not Accepta	ble)		
- INITAL	All LF 20151		•	83			<del></del>		<del></del>
					0.				
				84	City	t.	FL	<b>  85  </b> Zip	Code
affice or r agent. La SIGNATURE	egistered agent, or both, in the Standardian with, and accept the ob- Signature typed in printed name of registered	tle of Florida Such change ligations of Soction 607.05 agent and tico day licable	was authorized 05, Florida Stati (NOTE: Registered	l by utes	the corpora	poration submits this statement for the tion's board of directors. I hereby accor- lined when reinstating)	opt the ap	pointment as	registered
12.		AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFF	CERS AN		
TITLE NAME	D Taylor, Willie H	[] DELE				i i		L Change	Addition
STREET ADDRESS	5625 NW 7TH AVE		1.2 NA		ADDRESS				
CITY-ST-ZIP	MIAMI FL 33127		1.4 CIT			i			
TITLE		☐ DELE						Change	Addition
NAME			2.2 NA	ME			÷		
STREET ADDRESS			2.3 \$7	REET.	address				
CITY - ST - ZIP	1111 14	I DECE	2. 4 CI		ST - ZIP		·······	<del>                                    </del>	
TITLE		L DELE						L Change	Addition
NAME STREET ADDRESS			3.2 NA		ADDOCCC				
City - St - 7iP			3.4. Cl		ADDRESS				
TITLE		DELE			1) + 211			Change	Addition
NAME			4. 2 NA						•
STREET ADDRESS			4.3 ST	REET	ADDRESS	•			
CHY-S1-2P			4.4 CIT	Y-\$	r-ZIP				
TITLE		DELE						☐ Change	Addition
NAME			5.2 NA						
STREET ADDRESS					ADDRESS				
CITY+ST+ZIP Till(	The Harden commence of the second commence of	DELE	5.4 CIT		I - ZIP			Change	Addition
NAME		L_I Vett.	6.1 TIT 6.2 NA					FT PHANGE	T MORROU
STREET ADDRESS					ADDRESS				
City, Cr. 210			0.3 511	ncel i	nounead t tun				

14. I do hereby certify that the information supplied with this filling 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 supplementa 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 application with an address

SIGNATURE:

MATCHE AND TYPES OF PRINTED MANE OF COMMUNICATION OF SUPPORT

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305-1540033

**FILED** 

Feb 04 1997 8:00am

Secretary of State