

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Matham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P94000039034 (1)**

1. Corporation Name
TAYDON, INC.



Principal Place of Business: **2901 NW 106TH AVENUE CORAL SPRINGS FL 33065**
Mailing Address: **2901 NW 106TH AVENUE CORAL SPRINGS FL 33065**

3. Date Incorporated or Qualified: **05/24/1994**
3a. Date of Last Report: **01/31/1995**
4. FEI Number: **65-0494238**
5. Certificate of Status Desired: **\$8.75 Additional Fee Required**
6. Election Campaign Financing Trust Fund Contribution: **\$5.00 May Be Added to Fees**
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: **21 10229 NW 53 ST**
Suite, Apt. #, etc.:
22 City & State: **SUNRISE FL**
Zip: **33351** Country:
2a. Mailing Address: **26**
Suite, Apt. #, etc.:
27 City & State: **28**
Zip: **29** Country: **30**

9. Name and Address of Current Registered Agent
**TAYLOR, DONALD T
2901 NW 106TH AVENUE
CORAL SPRINGS FL 33065**

10. Name and Address of New Registered Agent
81 Name:
82 Street Address (P.O. Box Number is Not Acceptable):
83
84 City: **FL** 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: _____ (Type or print name of signing officer or director) DATE: _____ (Type or print date)

12. OFFICERS AND DIRECTORS
TITLE: **D** DELETE
NAME: **TAYLOR, DONALD T**
STREET ADDRESS: **2901 NW 106TH AVENUE**
CITY-ST-ZIP: **CORAL SPRINGS FL 33065**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1.1 TITLE: Change Addition
1.2 NAME:
1.3 STREET ADDRESS:
1.4 CITY-ST-ZIP:
2.1 TITLE: Change Addition
2.2 NAME:
2.3 STREET ADDRESS:
2.4 CITY-ST-ZIP:
3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY-ST-ZIP:
4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY-ST-ZIP:
5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY-ST-ZIP:
6.1 TITLE: Change Addition
6.2 NAME:
6.3 STREET ADDRESS:
6.4 CITY-ST-ZIP:

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/18/96 954-572-6699
DATE TIME

CR2E034 (12/95)