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 # P94000057258 (3)

TAYLOR-MADE PRODUCTIONS, INC.

Principal Place of Business Mailing Address 14843 SW 110TH TER MIAMI FL 93198 14843 SW 110TH TER MIAMI FL 33196-3351 3. Date incorporated or Qualified 3a. Date of Last Report 08/03/1994 04/04/1996 Principal Place of Business 2a. Mailing Address 4. FEI Number 65-0519208 21 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees

Country

30

9. Name and Address of Current Registered Agent MARK, TED M 14843 SW 110TH TER **MIAMI FL 33196**

25

Country

Zip

24

29

Zip

untry	 This corporation has liability for intengible tax under s. 199.032. Florida Statutes Yes ☐ No
T	10. Name and Address of New Registered Agent
81	Name
62	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City 85 Zip Code

FILED

Apr 28 1997 8:00am

Secretary of State

Applied For

Not Applicable

			[]			, , ,				
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 John, in the State of Florida Such change was authorized by the corporation's board of directors. I hereby account this appointment as registered agent. I am familiar fully, and adopt the diagrams of Section 607.0505, Florida Statutes.										
SIGNATURE	Signature typed or printed name of legy lered agon; and tile diap	plicable (NOTE: I	Registered Agont signature	required when reinstating)		DATE	·			
12.	OFFICERS AND DIRECTO	RS	13.	ADDITIONS/	CHANGES TO OF	FICERS AND	DIRECTOR	S IN 12		
TITLE	D	DELETE	1.1 TITLE				☐ Change	Addition		
NAME	MARK, TED M		1.2 NAME							
STREET ADDRESS	14843 SW 110TH TER		1.3 STREET ADDRESS							
CITY-ST-ZIP	MIAMI FL 33196		1.4 CITY-ST-ZIP							
TITLE		DELETE	2.1 DILE			" !	☐ Change	Addition		
NAME			2.2 NAME							
STREET ADDRESS			2.3 STREET ADDRESS							
CITY-ST-ZIP			2. 4 CITY - ST - ZIP							
TITLE		☐ DELETE	3.1 TITLE				Change	Addition		
NAME			3.2 NAME							
STREET ADDRESS			3.3 STREET ADDRESS							
CITY-ST-ZIP			3.4 CHTY-S1-ZIP							
TITLE		DELETE	4.1 TITLE				Change	Addition		
NAME			4.2 NAME							
STREET ADDRESS			4 3 STREET ADDRESS							
CITY-ST-ZIP			4.4 City - ST - ZiP							
TITLE		☐ DEFE1E	51 TITLE				Change	Addition		
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET ADDRESS							
CITY-ST-ZIP			5.4 CITY-ST-ZIP							
TITLE		DELETE	6.1 1(TLF				Change	Addition		
NAME			6.2 NAME							
STREET ADDRESS			6.3 STREET ADDRESS							
CITY- CT. 7ID			BACITY OF TIP							

14. I do 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.