

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortman Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000033082 (5) 1. Corporation Name TAYLOR MADE PROMOTIONS, INC.			
Principal Place of Business 9023 PINES BLVD. STE #304 HOLLYWOOD FL 33064		Mailing Address 9023 PINES BLVD. STE #304 HOLLYWOOD FL 33064-8803	
2. Principal Place of Business 31 Suite, Apt. #, etc. 32 City & State 33 Zip Country		2a. Mailing Address 31 Suite, Apt. #, etc. 32 City & State 33 Zip Country	
3. Date Incorporated or Qualified 04/24/1996		3a. Date of Last Report 06/01/1996	
4. FEI Number 05-0570702		Applied For ☐ Not Applicable	
5. Certificate of Status Desired ☐		\$0.75 Additional Fee Required	
6. Election Campaign Financing Trust Fund Contribution ☐		\$5.00 May Be Added to Fees	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No			
8. Home and Address of Current Registered Agent HOOPER, LARRY K 29025 SW 177TH AVENUE HOMESTEAD FL 33030		10. Name and Address of New Registered Agent 01 Name 02 Street Address (P.O. Box Number is Not Acceptable) 03 04 City FL Zip Code	
11. Pursuant to the provisions of Sections 607.0502 and 607.1506, 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 name of registered agent and title if applicable (NOT a Registered Agent signature required when remaining) DATE			
12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PS TAYLOR, BARBARA 1821 NW 118TH AVENUE PEMBROKE PINES FL ☐ DELETE	1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VT TAYLOR, KERMIT 1821 NW 118TH AVENUE PEMBROKE PINES FL ☐ DELETE	2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ DELETE	5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ NEW FTY	6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

ALL INFORMATION CONTAINED HEREIN IS UNCLASSIFIED
 DATE 05/01/97 BY 60322 UCBAW/STW

3. Date Incorporated or Qualified
04/24/1996

4. FEI Number
05-0570702

5. Certificate of Status Desired ☐

6. Election Campaign Financing
 Trust Fund Contribution ☐

7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☒ No

10. Name and Address of New Registered Agent

01 Name

02 Street Address (P.O. Box Number is Not Acceptable)

03

04 City FL Zip Code

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

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***165.00

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. 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: *Barbara Taylor* 4/25/97 (954) 431-6016

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