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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P95000039803 (8)

TAYLOR SECRETARIAL SERVICE, INC.

Principal Place of Business

Mailing Address

FILED May 21 1998 8:00am Secretary of State



- 6270 North River Run Drive Sebastian Fl 32958		6270 NORTH RIVER RU SEBASTIAN FL 3295 8	6270 NORTH RIVER RUN DRIVE SEBASTIAN FL 32958				
					DO NOT WRITE IN THIS 3. Date Incorporated or Qualified	SPACE	
					05/18/1995		
	ace of Business	2a. Mailing Address	2a. Mailing Address		4. FEI Number	I A	pplied For
21		26			65-0589102		lot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.					Additional
22		27			5. Certificate of Status Desired		lequired
City & State		City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23		28	· · · · · · · · · · · · · · · · · · ·		Trust Fund Contribution		to Fees
Zip	Country	- 7 _Ψ	Count	гу	8. This corporation owes or has paid the cu		
24 25 29 29 9. Name and Address of Current Registered Agent			30				12 No
				1 Namo	10. Name and Address of New Registered	Agent	
	YL or , Nancy B		"	Name			
6270 NORTH RIVER RUN DRIVE				2 Street Add	ress (P.O. Box Number is Not Acceptable)		
SEI	Ba st ian FL 32958		8				
I -			0,	"			
.•			8-	1 City	FL	85 Zip	Code
11. Pursuant t	to the provisions of Sections 607.0	0502 and 607.1508, Florida Statu	iles, the abo	ve-named corp	poration submits this statement for the nursess of	d observing i	its registered
DITICE OF re	e gister ed agent, or both, in the St m fam iliar with, and accept the of.	ate of Florida. Such cha nge was :	authorized b	by the corporal	ttion's board of directors. Thereby accept the app	oointment as	registered
SIGNATURE					*		į
SIGNATURE .	Signature: Typed or perfed name of argistered	agent and the diapplicable (NO)	11 Registered A	ont signature requi	red when reinstating) DATE		
12.		AND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN	DIRECTOR	RS IN 12
TITLE	D	☐ DEL€TE	1.1 THILE			Change	Addition
HAME TAYLOR, NANCY B			1.2 NAME				l:
STREET ADDRESS	6270 NORTH RIVER RUN I	DRIVE	1.3 STREE	T ADDRESS			li li
CITY-ST-ZIP	SEBASTIAN FL 32958		1.4 CHY- 2.1 HILE	ST-ZIP			
TITLE	DELETE					L Change	Addition 4
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	T ADDRESS			
CITY-ST-ZIP		Printe	2. 4 CITY	-ST-ZIP		· · · · · · · · · · · · · · · · · · ·	
TITLE		☐ DELETE	3.1 TITLE			Change	Addition
NAME			3.2 NAME				
STREET ADDRESS				T ADDRESS			
CITY-ST-ZIP TITLE		□ OELETE	3.4. CITY	ST-ZIP		T105	1449
NAME			4.1 TRILE] Change	Addition
STREET ADDRESS			4. 2 NAM6				,
			1	1 ADDRESS			
CITY-ST-ZIP TITLE		DELETE	4.4 CITY - 5.1 THILE	51-ZIP		Change	Addition
NAME		L. PULLIC	5.2 NAME	1		change	FTT MUDICION
STREET ADDRESS				1 ADDRESS			
CITY-ST-ZIP							
TITLE	·	DELETE	5.4 CITY - 6.1 TITLE	01. (IL		Change	Addition
NAME			6.2 NAME			onengo	- AUGUON
STREET ADDRESS				T ADDRESS			1
CITY-ST-ZIP							
OILL-OI-TIL			6.4 CITY-	SI-ZiP'			

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 trust 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 trust is empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changing or on an attachment with an address.