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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000070743 (6)

orporation Name

R & M TAYLOR, INC. Principal Place of Business Mailing Address 2600 27TH AVENUE 2600 27TH AVENUE MIAMI FL 33133 MIAMI FL 33133 3. Date Incorporated or Qualified 3a. Date of Last Report 09/11/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0608040 21 26 Not Applicable Suite Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution 28 Added to Fees Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 ☐ Yes ☐ No 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name TAYLOR, ROBERT M 82 Street Address (P.O. Box Number is Not Acceptable) 2600 27TH AVENUE **MIAMI FL 33133** 83 84 City 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 Signature, types or printed name of registered agent and title it applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 1111 DELF16 1. 1 TITLE Change Addition TAYLOR, ROBERT M NAM: 1.2 NAME 2600 27TH AVENUE STREET ADDRESS 1.3 STREET ADDRESS **MIAMI FL 33133** City S1 Zir 1.4 CITY-ST-ZIP DELETE THE 2 1 TITLE SEC. ☐ Change Addition MARY L. TAYLUR NAME 2.2 NAME 2600 S.W. 27 Ave. STREET ADDRESS 2.3 STREET ADDRESS CIY St 72 2 4 CITY - ST - ZIP DELETE T: [1.1 ☐ Change Addition 3 1 THILE 4.444 3 2 NAME STREET LADDRESS 33 STREET ADDRESS C(1x -S1 - Z-P) 3 4 CITY - ST-ZIP DELETE 1:111 4 1 TITLE ☐ Change Addition NAM 4.2 NAME STREET AUDRESS 4 3 STREET ADORESS C 1Y-51-7/2 4.4 CITY - ST - ZIF [] DELETE THE 5 1 TITLE Change Addition 5.2 NAME STREET ADDRESS 5.3 STREET ADORESS CHY ST ZP 5 4 CITY - ST - ZIP DELETE TITLE Change 6 1 TITLE Addition NAME 62 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY ST-ZIP 64 CITY - ST - ZIP 14. I do hereby certly 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 aman 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 address.

SIGNATURE:

SIGNATURE AND TYPED OR PROTECT NAME OF SIGNING OFFICER OR DIRECTOR

2/4/96 305-446-1960

(12/95)

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