

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

**FILED**

**Apr 08 1997 8:00am  
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P96000000811 (5)**  
 1. Corporation Name  
**TAYKAN MANAGEMENT AND CONSULTING, INC.**



Principal Place of Business <b>1 WEST FLAMINGO DRIVE, SUITE 304 PEMBROKE PINES FL 33027</b>	Mailing Address <b>1 WEST FLAMINGO DRIVE, SUITE 304 PEMBROKE PINES FL 33027-1718</b>
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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified <b>12/26/1995</b>	3a. Date of Last Report <b>08/14/1996</b>
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.	4. FEI Number <b>APPLIED FOR 65-0643717</b>	Applied For Not Applicable
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Country	29. Country	30. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>TAYKAN, BARBARA 1 WEST FLAMINGO DRIVE, SUITE 304 PEMBROKE PINES FL 33027</b>		10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code	
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11. Pursuant to the provisions of Sections 607.0502 and 607.1505, 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: *George Fensod* DATE: **4/1/97**

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

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 (changed or on an attachment with an address).

SIGNATURE: *George Fensod* DATE: **4/1/97**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)