

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

FILED
Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P96000004386 (4)

1. Corporation Name
NANCY ROSS TAYLOR ENTERPRISES, INC.



Principal Place of Business 305 N 20TH ST HAINES CITY FL 33844	Mailing Address 305 N 20TH ST HAINES CITY FL 33844-4613
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3. Date Incorporated or Qualified 01/10/1996	3a. Date of Last Report
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 PO Box 577 27 Suite, Apt. #, etc. 28 City & State 29 Zip 30 Country	4. FEI Number 59-3357732 Applied For Not Applicable	5. Certificate of Status Desired X \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution Not Applicable	7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Not Applicable
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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

TAYLOR, NANCY R
305 N 20TH ST
HAINES CITY FL 33844

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
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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, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D TAYLOR, WILLIAM A	1.1 TITLE	
NAME	305 N 20TH ST	1.2 NAME	
STREET ADDRESS	HAINES CITY FL 33844	1.3 STREET ADDRESS	
CITY-ST-ZIP		1.4 CITY-ST-ZIP	
TITLE	D TAYLOR, NANCY R	2.1 TITLE	
NAME	305 N 20TH ST	2.2 NAME	
STREET ADDRESS	HAINES CITY FL 33844	2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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 if changed, or on an attachment with an address.

SIGNATURE: *Nancy Ross Taylor* 4/12/97 94-422-7777

CR2E034 (9/96)