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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DiVISION OF CORPORATIONS

1997

DOCUMENT # P96000018118 (5)

TAYLOR HOLDINGS OF BROWARD, INC.

FILED Feb 25 1997 8:00am Secretary of State



| Principal Place of Business   | cipal Place of Business Mailing Address   |                                    | - T LOGELINGER IN A IDITED DITER DETIRE DEDIRE BOSSEL DETIRE LIBERA LAMBI KATOR FINDA INDIA LADDI  |                                 |  |
|---|---|------------------------------------|--|---------------------------------|--|
| 200 S. ANDREWS AVENUE   | 200 S. ANDREWS AVENUE<br>FORT LAUDERDALE FL 333   | 04 4004                            | :  |                                 |  |
| FORT LAUDERDALE FL 33301  | FORT CAUDERDALE FL 839  | U1-1004                            | ·   · ·  |                                 |  |
|   |   |                                    | 3. Date incorporated or Qualified 02/27/1996   | 3a. Date of Last                | Report                                 |
| 2. Principal Place of Business  | 2a. Mailing Address   | 22 A                               | 4. FEI Number  |                                 | Applied For                            |
| 21 3253 NW 22 F   |   | 22 Avenue                          | 65-0652702   | <del></del>                     | Not Applicable                         |
| Suite, Apt #, etc.  | Suite, Apt. #, etc.   |                                    | 5. Certificate of Status Desired   | ¥ · · ·                         | Additional<br>Required                 |
| city & State 23 Oakland Rurk,   | FL 28 Oakland Pa  | rk, FL                             | Election Campaign Financing     Trust Fund Contribution  |                                 | May Be                                 |
| Zip Co  | Duntry 2/0 33309  | Country                            | 8. This corporation has liability for I  | ntangible tax under<br>Yes 🔀 No | s. 199.032,                            |
|   | [29] ろうろしつ [3<br>ddress of Current Registered Agent   | 30]                                | 10. Name and Address of New Re   |                                 |  |
| TAYLOR, JOHNNY C  |   | 81 Name                            | 19, status and readings of from the  | Jierra Agoin                    |  |
| 200 S. ANDREWS A  |   | \ \ \ `````                        |  |                                 |  |
| FORT LAUDERDALE   |   | 82 Street Addr                     | ess (P.O. Box Number is Not Acceptab<br>NW 22 Avenue   | le)                             |  |
| TORE ENOUGHDALE   | 1 1 00001   | 83                                 | /// ///  |                                 | ······································ |
|   |   |                                    |  |                                 | ····                                   |
|   |   | 84 Cit Cak                         | and Park   | FL 85 3                         | 3 300<br>3 300                         |
| 11. Pursuant to the provisions of   | Sections 607.0502 and 607.1508, Florida Statutes  |                                    | a continua de la capación de la capa |                                 | Its registered                         |
| office or registered agent, or  | Sections 607,0502 and 607,1508, Florida Statules<br>both, in the State of Florida. Such change was au<br>Laccept the politications of, Section 607,0505, Flor | thorized by the corporati          | on's board of directors. I hereby accep  | of the appointment a            | as registered                          |
| V 17 / 1  | caccept the contraliona of, Section 607.0005, Fior  | iua Siatutes.                      |  | 2/20/97                         |  |
| SIGNATURE STORE THE STORE THE STORE | e name of registered agent and title Lapplicable. (NOTE:  | Registered Agent signature require | ed when reinsteting)   | DATE                            | <del></del>                            |
| 12.   | OFFICERS AND DIRECTORS  | 13.                                | ADDITIONS/CHANGES TO OFFIC   | ERS AND DIRECTO                 | ORS IN 12                              |
| TITLE   | ☐ DELETE  | 1.1 TITLE                          |  | Change                          | e 🔀 Addition                           |
| NAME  |   | 1.2 NAME                           | nnny C. Taylor, Jr.  |                                 |  |
| STREET ADDRESS  | •   | 1.3 STREET ADDRESS 36              | 153 NW as Avenu  | e                               |  |
| CHTY-ST-ZIP   |   | 1.4 CITY-ST-ZIP                    | ikland fort FL:  | 33309                           |  |
| TITLE   | DELETE  | 2.1 TITLE                          |  | ☐ Chang                         | e Addition                             |
| NAME  |   | 2.2 NAME                           |  |                                 |  |
| STREET ADDRESS  | :   | 2.3 STREET ADDRESS                 |  |                                 |  |
| CITY-SI-ZIP   | ·   | 2.4 CITY-ST-ZIP                    |  |                                 |  |
| TITLE   | ☐ DELETE  | 3.1 TITLE                          |  | ☐ Chang                         | e 🔲 Addition                           |
| NAME  |   | 3.2 NAME                           |  |                                 |  |
| STREET ADDRESS  | •   | 3.3 STREET ADDRESS                 |  |                                 |  |
| CITY-ST-ZIP   |   | 3.4. CITY - ST - ZIP               |  |                                 |  |
| TITLE   | DELETE  | 4.1 TITLE                          |  | ☐ Chang                         | e Addition                             |
| NAME  |   | 4. 2 NAME                          |  |                                 |  |
| STREET ADORESS  |   | 4.3 STREET ADDRESS                 |  |                                 |  |
| CITY-ST-ZIP   |   | 4.4 CITY-ST-ZIP                    |  |                                 |  |
| TITLE   | DELETE  | 5.1 TITLE                          |  | ☐ Chang                         | e Addition                             |
| NAME  |   | 5.2 NAME                           |  |                                 |  |
| STREET ADDRESS  |   | 5.3 STREET ADDRESS                 |  |                                 |  |
| CITY-ST-ZIP   |   | 5.4 CITY-ST-ZIP                    | ÷  |                                 |  |
| TITLE   | DELETE  | 6.1 TITLE                          |  | Chang                           | je 🔲 Additior                          |
| NAME  | _   | 6.2 NAME                           |  |                                 |  |
| STREET ADDRESS  |   | 6.3 STREET ADDRESS                 |  |                                 |  |
| CITY-SY-ZIP   |   | 6.4 CITY-ST-ZIP                    |  |                                 |  |
| 14 I do hereby certify that the in  | nformation supplied with this filing does not qualify   |                                    | in Section 119.07(3)(i), Florida Statute   | s. I further certify th         | nat the                                |

4. 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 affactment with an address.

SIGNATURE

MATURE AND TYPED OR PRINTED MADE OF SIGNING OFFICER OR DIRECTOR

2/20/97

(954)527-6198

Daytime Phone #