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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

Apr 09, 1999 8:00 am Secretary of State

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DOCUMENT # P96000068560

1. Corporation Name

TAYLOR PROPERTIES AND INVESTMENTS, INC.

Principal Place of Business Mailing Address						I IDESTEEN TIT TOUGH BUINT BONN GONN GONN GONN GONN GONN GONN GONN
20547 OLD CUTLER RD. #108 20547 OLD CUTLER RD. #108			8			
MIAMI FL 33189 MIAMI FL 33189						DO NOT WRITE IN THIS SPACE
						3. Date Incorporated or Qualified
						08/16/1996
2. Principal Place of Business 2a. Mailing Address						4. FEI Number Applied For
21 26				NOT APPLICABLE Not Applicable		
Suite, Apt. #, etc. Suite, Apt. #, etc.						\$8.75 Additional
22 27						5, Certificate of Status Desired Fee Required
City & State City & State						6. Election Campaign Financing \$5.00 May Be
23	. 28					Trust Fund Contribution Added to Fees
Zip	Country Zip Cou			itry		8. This corporation owes the current year Intangible
24	25 29 30					Personal Property Tax. Yes No 10. Name and Address of New Registered Agent
9. Name and Address of Current Registered Agent					Name	10. Name and Address of New Registered Agent
JONES, CHARLES L					1401110	
9900 SW 168TH ST., STE. 9				82	Street Addr	ress (P.O. Box Number is Not Acceptable)
MIAMI FL 33157				83		
, manual E color			1	ا"		
				84	City	FL 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, typed or printed name of registered agent and title if applicable. (NOTE: Registered A					signature require	
12. OFFICERS AND DIRECTORS 13.			_			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	DELETE 1.1 TI		LΕ		☐ Change ☐ Addition
NAME	TAYLOR, JOSEPH			ME		
STREET ADDRESS			1.3 STF	REET	ADDRESS	
CITY-ST-ZIP			1.4 CIT		-ZIP	
ITTLE	PVST	☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME	TAYLOR, JOSEPH		2.2 NAME			
STREET ADDRESS	LOOG ON CLIND THE			2.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33189	☐ DELETE	2. 4 CITY- 3.1 TITLE		r-zip	☐ Change ☐ Addition
TITLE		C) DEFEIG	3.1 PILE 3.2 NAME		ţ	·
NAME					ADDDEED	
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CIT 4.1 TITI	CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	·		1	4. 2 NAME		
NAME CTOCKY ADDRESS					ADDRESS	•
STREET ASSISTED			4.3 ST			
CITY-ST-ZIP			4.4 (3)	1.31	· AF	

6.4 CITY-ST-ZIP CITY-ST-ZIP 14. I 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, with all other like empowered.

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

TITLE

NAME

STREET ADDRESS

STREET ADORESS

CITY-ST-ZIP

ED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ DELETE

☐ DELETE

☐ Addition

☐ Addition

☐ Change

☐ Change