

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

FILED

May 16 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 # **P96000076716 (5)**

1. Corporation Name
TAYLER MADE MARKETING, INC.



Principal Place of Business 6891 SOUTHWEST STATE ROAD 200 OCALA FL 34476	Mailing Address POST OFFICE BOX 770539 OCALA FL 34477-0539
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3. Date Incorporated or Qualified 09/16/1996	3a. Date of Last Report
4. FEI Number 59-3403271	Applied For <input checked="" type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.
22 City & State	27 City & State
23 Zip Country	28 Zip Country
24 25	29 30

9. Name and Address of Current Registered Agent BREWER, JERRY 6891 SOUTHWEST STATE ROAD 200 OCALA FL 34476	10. Name and Address of New Registered Agent
81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code
	FL

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: _____ (NOTE: Registered Agent signature required when reinstating) DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, JERRY	1.2 NAME	Brewer Vera
STREET ADDRESS	POST OFFICE BOX 770539	1.3 STREET ADDRESS	6891 SW Hwy 200
CITY-ST-ZIP	OCALA FL 34477	1.4 CITY-ST-ZIP	OCALA, FL 34476
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BREWER, VERA	2.2 NAME	Brewer Jerry
STREET ADDRESS	POST OFFICE BOX 770539	2.3 STREET ADDRESS	6891 SW Hwy 200
CITY-ST-ZIP	OCALA FL 34477	2.4 CITY-ST-ZIP	OCALA, FL 34476
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRATOML, TODD	3.2 NAME	
STREET ADDRESS	4 STONEHEARTH LANE	3.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HEAD PARK IL 60525	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	KRATOML, BETTY	4.2 NAME	
STREET ADDRESS	4 STONEHEARTH LANE	4.3 STREET ADDRESS	
CITY-ST-ZIP	INDIAN HEAD PARK IL 60525	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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: Vera Brewer **Vera Brewer Secretary** 4/15/97 352-237-8175

CR2E034 (9/96)