SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997. AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

ANIN	1997	ORI			DIVIS		y of State CORPORATI	ONS	Secreta	ry of S	tate
DOCU 1. Corporation TAYLOF	MENT on Name R MADE H		P96000 ES, INC.	007	9510	(9)				(4): 184:6 1810; a):0; z(8:	ol Afai iahi
Principal Plac	ce of Busines	s		M	Mailing Address	ş				. 0.011 10.01 0 10 101 61101 1101	1 0 0 11 10 01
6581 SANDALWOOD LANE 6581 SANDALWOOD LANE											
NAPLES FL 34	4109			N	IAPLES FL 3410	09			DO NOT WRITE IN	N THIS SPACE	
									3. Date Incorporated or Qualified	3a. Date of Last Re	eport
··							- 		09/23/1996	NA	ļ
2. Principal F	Place of Busin	noss			. Mailing Add	ress			4. FEI Number		pplied for
21 Suite, Apt. #, etc.					Suite, Apt. #, etc.					□ \$8. 7 5 A	t Applicable
22					27				Certificate of Status Desired	Fee Re	
City & Sta	le				City & State				6. Election Campaign Financing	\$5.00	May Be
23				28			,			Added t	to Fees
Zip		⊢ า	Country		Zip		Countr	<i>y</i>	8. This corporation owes or has paid		
24	9. Name	25 and	Address of Curren	[29] nt Regi	stered Agent		30		Personal Property Tax due June 30 10. Name and Address of New Regis		No
TAV	LOR, RICH						81	Name			
	1 SANDAL						82	Street Add	ress (P.O. Box Number is Not Acceptable	,	
	PLES FL 34								iress (F.O. Box Northber is Not Acceptable)	,	
							83				
							84	City	*** *** * * **************************	- 85 Zip C	Code
14 Duraugat	to the provin	lone r	Santa Porter	12 and 1	007 1000 Elori	de Cintute	na tha aba	lo pomod oor	posstion submits this statement for the number	FL D Zip (a registered
office or	registered ac	joni, c	or both firth State	flor	ida. Such char	nge was a	uthorized b	y the corpora	poration submits this statement for the pur tion's board of directors. I hereby accept t	the appointment as	registered
	am tamiliar w	HII. Br	grace grace obliga	anions (hard	rica Statute	s	- 9/16	197	
SIGNATURE	Signature types	September 1	led may of registere lage	ent and titl			Registered Ag	ent synature requi	ired when reinstating)	DATE	
12.			OFFICERS AN	D DIRE			13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	Presid	len	1 1/1	15		ELETE	1.1 TITLE			☐ Change	Addition
NAME	Kicho	~ d	P. Taylor udal word				1.2 NAME				
STREET ADDRESS								T ADDRESS			
CITY-ST-ZIP TITLE	Nupl	es_	,FC 34	109		ELETE	1.4 CITY - 2.1 TITLE	31-211		Change	☐ Addition
NAME	ĺ						2.2 NAME	1		<u></u>	
STREET ADDRESS							2.3 STREE	T ADDRESS			
CITY-ST-ZIP							2. 4 CITY-	ST-ZIP			
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NAME							3.2 NAME				
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NAME					U 0	LLLIL	4.1 TITLE 4. 2 NAME			C Grange	Manual Manual
STREET ADDRESS	1							T ADDRESS			
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NAME							5.2 NAME				
STREET ADDRESS							5.3 STREE	T ADDRESS			
CITY-ST-ZIP	ļ <u></u>						54 CITY-1	31 - ZIP			
TITLE					□ D	ELETE	61 TITLE			Change	Addition
NAME							62 NAME				
STREET ADDRESS							1	T ADDRESS			
CITY-ST-ZIP	I						6.4 CITY - 3	71-21۲			

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 supplementar 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 reporter or visites 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 the agraciant with an address.

FILED

Sep 19 1997 8:00am