


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

FILED

Aug 11 1998 8:00am  
Secretary of State

<b>PROFIT CORPORATION ANNUAL REPORT 1998</b>				FLORIDA DEPARTMENT OF STATE <b>Sandra B. McArthur</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT #</b> 1. Corporation Name <b>P97000036626</b> <b>TAYLOR DATA PRODUCTS INC</b>					
<b>Principal Place of Business</b> <b>10201 NW 24 CT</b> <b>PEMBROKE PINES FL</b> <b>33026</b>			<b>Mailing Address</b> <b>SAME</b>		
<b>2. Principal Place of Business</b>		<b>2a. Mailing Address</b>		<b>3. Date Incorporated or Qualified</b> <b>4/24/97</b>	
<b>21</b> Suite, Apt. #, etc.	<b>26</b> Suite, Apt. #, etc.	<b>4. FEI Number</b> <b>65-0746482</b>		<b>Applied For</b> <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b>	
<b>22</b> City & State	<b>27</b> City & State	<b>5. Certificate of Status Desired</b> <input type="checkbox"/>		<b>\$5.00 May Be Added to Fees</b>	
<b>23</b> Zip	<b>28</b> Zip	<b>6. Election Campaign Financing Trust Fund Contribution</b> <input type="checkbox"/>		<b>8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>24</b> Country	<b>29</b> Country	<b>9. Name and Address of Current Registered Agent</b> <b>AMERILAWYER</b> <b>343 ALMERIA AVE</b> <b>CORAL GABLES FL</b> <b>33134</b>		<b>10. Name and Address of New Registered Agent</b>	
<b>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.</b>		<b>81</b> Name		<b>82</b> Street Address (P.O. Box Number is Not Acceptable)	
<b>SIGNATURE</b> Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent Signature required when reinstating)		<b>83</b>		<b>84</b> City	
<b>12. OFFICERS AND DIRECTORS</b>		<b>13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12</b>		<b>85</b> Zip Code	
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>PRESIDENT</b> <input type="checkbox"/> DELETE <b>NICK TAYLOR</b> <b>10201 NW 24 CT</b> <b>PEMBROKE PINES FL 33026</b>	<b>1.1 TITLE</b> <b>1.2 NAME</b> <b>1.3 STREET ADDRESS</b> <b>1.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<b>VP, SEC TREAS</b> <input type="checkbox"/> DELETE <b>LINDA TAYLOR</b> <b>10201 NW 24 CT</b> <b>PEMBROKE PINES FL 33026</b>	<b>2.1 TITLE</b> <b>2.2 NAME</b> <b>2.3 STREET ADDRESS</b> <b>2.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>3.1 TITLE</b> <b>3.2 NAME</b> <b>3.3 STREET ADDRESS</b> <b>3.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>4.1 TITLE</b> <b>4.2 NAME</b> <b>4.3 STREET ADDRESS</b> <b>4.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>5.1 TITLE</b> <b>5.2 NAME</b> <b>5.3 STREET ADDRESS</b> <b>5.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>TITLE</b> <b>NAME</b> <b>STREET ADDRESS</b> <b>CITY - ST - ZIP</b>	<input type="checkbox"/> DELETE	<b>6.1 TITLE</b> <b>6.2 NAME</b> <b>6.3 STREET ADDRESS</b> <b>6.4 CITY - ST - ZIP</b>	<input type="checkbox"/> Change <input type="checkbox"/> Addition		
<b>14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), 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.</b>		<b>000002613640</b> <b>-08/12/98--01015--048</b> <b>***150.00</b> <b>6/30/98 954 432.9863</b>			
<b>SIGNATURE:</b> <b>Linda Taylor</b> <b>LINDA TAYLOR</b>		<b>6/30/98 954 432.9863</b>			

CR2E034 (10/97)

Pg 2

10201 NW 24 Court  
Pembroke Pines, FL 33026  
June 29, 1998

Division of Corporations  
Annual Reports Filings  
P.O. Box 1500  
Tallahassee, FL 32302-1500

Re: Taylor Data Products, Inc.

Enclosed is a completed Profit Corporation Annual Report for 1998. We recently realized that we did not receive a pre-printed form from you and called to get the blank form. Also enclosed is the regular fee of \$150.00. We hope that under the circumstances you will waive the late fee. If you have questions or need further information, contact us at the above address or at 954-432-9863. Thank you.

Very truly yours,

Linda Taylor  
Secretary/Treasurer

Enc.

