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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT, # P97000051338 (6)

TAURUS SHELTON, INC.

Principal Place of Business Mailing Address 1400 EAST NEWPORT CENTER DRIVE, SUITE 209 **DEERFIELD BEACH FL 33442** DEERFIELD BEACH FL 33442

FILED Apr 29 1998 8:00am Secretary of State



1400 EAST NEWPORT CENTER DRIVE, SUITE 209 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 06/10/1997 2. Principal Place of Business 28. Mailing Address Applied For 21 Not Applicable 26 Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 Trust Fund Contribution Added to Fees 28 Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 ☐ Yes 29 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent Name 81 KAY, JAMES R ESQ AKERMAN, SENTERFITT & EIDSON, P.A. Street Address (P.O. Box Number is Not Acceptable) R2 777 SOUTH FLAGLER DRIVE SUITE 900,E TOWER 83 WEST PALM BEACH FL 33401 84 City 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, typod or printed name of registered agent and title if applicable 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PRESIDE NT DELETE Addition TITLE 1 1 TITLE ☐ Change NAME REIBLING, LORENZ 1.2 NAME 1400 EAST NEWPORT CENTER DRIVE, SUITE 209 STREET ADDRESS 1.3 STREET ADDRESS **DEERFIELD BEACH FL 33442** 1.4 CITY-ST-ZIP CITY-ST-ZIP VICE PRESIDENT | TREASURER | Change DELETE TITLE 2.1 TITLE NAME REIBLING, GUENTHER 2.2 NAME 1400 EAST NEWPORT CENTER DRIVE, SUITE 209 2.3 STREET ADDRESS STREET ADDRESS **DEERFIELD BEACH FL 33442** CITY-ST-ZIP 2.4 CITY-ST-ZIP VICE PRESIDENT /ASST. SACRETARY LINDA G. KASSOF 1400 E NEWFORT CENTER DRIVE Deenfield Beach, Fl. 33442 DELETE TITLE 3.1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP ☐ Addition DELETE TITLE 4.1 TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE ☐ Change \_\_\_ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS CITY-ST-2IP

14. Thereby 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 supplied mental 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 of 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,

SIGNATURE:

G. Hashing

3/24/48

954-428-4080