

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

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Jan 22, 1999 8:00am
Secretary of State

01-22-1999 90067 042 ****158.75

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000051338

1. Corporation Name

TAURUS SHELTON, INC.

Principal Place of Business

1400 EAST NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442

Mailing Address

1400 EAST NEWPORT CENTER DRIVE, SUITE 209
DEERFIELD BEACH FL 33442

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/10/1997

4. FEI Number

65-0762985

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution



\$5.00 May Be
Added to Fees

8. This corporation owes the current year Intangible
Personal Property Tax.



Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

KAY, JAMES R ESQ
AKERMAN, SENTERFITT & EDSON, P.A.
777 SOUTH FLAGLER DRIVE SUITE 900, E TOWER
WEST PALM BEACH FL 33401

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

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 Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE PD
NAME REIBLING, LORENZ
STREET ADDRESS 1400 EAST NEWPORT CENTER DRIVE, SUITE 209
CITY-ST-ZIP DEERFIELD BEACH FL 33442

DELETE

TITLE VPT
NAME REIBLING, GUENTHER
STREET ADDRESS 1400 EAST NEWPORT CENTER DRIVE, SUITE 209
CITY-ST-ZIP DEERFIELD BEACH FL 33442

DELETE

TITLE VPAS
NAME KASSOF, LINDA G
STREET ADDRESS 1400 E. NEW PORT CENTER DR
CITY-ST-ZIP DEERFIELD BCH FL 33442

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

DELETE

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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.

SIGNATURE

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)