

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

FILED

**Jun 12 1998 8:00am
Secretary of State**

PROFIT-CORPORATION ANNUAL REPORT 1998



FLORIDA DEPARTMENT OF STATE
Sandra B. McRham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000054123 (9)

1. Corporation Name
SHIRLEY TAYLOR ENTERPRISES, INC.



DO NOT WRITE IN THIS SPACE

Principal Place of Business: 1111 SOUTH FEDERAL HWY, SUITE 330, STUART FL 34994

Mailing Address: 1111 SOUTH FEDERAL HWY, SUITE 330, STUART FL 34994

3. Date Incorporated or Qualified: 06/19/1997

4. FEI Number: 65-0779871

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

2. Principal Place of Business (21-24)

2a. Mailing Address (25-28)

9. Name and Address of Current Registered Agent: COVEY, JAMES P, 1111 SOUTH FEDERAL HWY, SUITE 330, STUART FL 34994

10. Name and Address of New Registered Agent (81-85)

81 Name

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

83

84 City

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: _____ DATE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COVEY, JAMES P	1.2 NAME	
STREET ADDRESS	1111 S FEDERAL HWY, STE 330	1.3 STREET ADDRESS	
CITY-ST-ZIP	STUART FL 34994	1.4 CITY-ST-ZIP	
TITLE	D	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TAYLOR, SHIRLEY M	2.2 NAME	
STREET ADDRESS	686 SE LUCERO DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	PORT ST LUCIE FL 34983	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		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		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 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: _____ DATE: 11-72-98 6612965920

CR2E034 (10/97)