

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

FILED

Apr 29 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northrup Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000069819 (5)

1. Corporation Name

TAURUS - FLORIDA OPERATIONS, INC.



Principal Place of Business	Mailing Address
1400 EAST NEWPORT CENTER DR., STE. 209 DEERFIELD BEACH FL 33422	1400 EAST NEWPORT CENTER DR., STE. 209 DEERFIELD BEACH FL 33422

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 08/12/1997	
21	Suite, Apt. #, etc.	26	Suite, Apt. #, etc.	4. FEI Number 65-0775435	
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/> \$8.75 Additional Fee Required	
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
24	Country	29	Country	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
KAY, JAMES R 777 S. FLAGLER, STE. 900, EAST TOWER AKERMAN, SENTERFITT & EDISON, P.A. WEST PALM BEACH FL 33401				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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	REIBLING, LORENZ	1.2 NAME	
STREET ADDRESS	1400 EAST NEWPORT CENTER DR., STE. 209	1.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33422	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	RESIDENT <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	REIBLING, GUENTHER	2.2 NAME	
STREET ADDRESS	1400 EAST NEWPORT CENTER DR., STE. 209	2.3 STREET ADDRESS	
CITY-ST-ZIP	DEERFIELD BEACH FL 33422	2.4 CITY-ST-ZIP	
TITLE	LINDA KASSOP <input type="checkbox"/> DELETE	3.1 TITLE	VICE PRESIDENT / SECRETARY <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		3.2 NAME	LINDA G. KASSOP
STREET ADDRESS		3.3 STREET ADDRESS	1400 E NEWPORT CENTER DR.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	ROD RILEY <input type="checkbox"/> DELETE	4.1 TITLE	EXECUTIVE V.P. <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	RODNEY A. RILEY
STREET ADDRESS		4.3 STREET ADDRESS	109 S. ORANGE AVE.
CITY-ST-ZIP		4.4 CITY-ST-ZIP	ORLANDO, FL 32801
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	
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:

G. REIBLING

3-20-98

954-401-4186

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