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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000080020

TAYLOR PROPERTIES OF CENTRAL FLORIDA, INC.

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Principal Plac	ce of Business	Mailing	Address			<del>-</del>			iği <b>ol</b> an olanı	IFRII <b>ee</b> ni een	LE 11011 1101 1501
531 DOG TRAC	•	_	TRACK RD.				1				
LONGWOOD FL 32750 LONGWOOD FL 32750						•					
								DO NOT WRI	TE IN THIS	SPACE	
							3. Date Incorpora 09/15/1997	ted or Qualifed			
2. Principal F	Place of Business	2a. Maili	ing Address				4. FEI Number				pplied For
21		26					59-3479090	1		<u> </u>	lot Applicable
Suite, Apt.	. #, etc.		e, Apt. #, etc.				T				Additional
22		27	27				5. Certifcate of St	atus Desired			Required
City & State •		• City	City & State				6. Election Camp	aign Financing	<u></u>	\$5.00	May Be
23 '		28				Trust Fund Contribution Added to Fees					
Zip	Country	Zip	Zip Country				8. This corporation owes the current year Intangible				
24	25	29		30			Personal Prope			Yes	<b>X</b> No
	9. Name and Address of Cui	rrent Registered			1 Na	me	10. Name and Ad	dress of New F	Registered	Agent	
TAY	LOR, RICHARD S JR.	e egy Dyst dans in de Silvin		ľ	146						
	DOG TRACK RD.			8	2 St	reet Addre	ess (P.O. Box Numbe	r is Not Accepta	able)		
	IGWOOD FL 32750			R	3		<del></del>	Frank 1	<del> </del>	<del></del>	- 1 1 1 1 m
									1 1		A)
				8	4 Cit	ty		·		85 Zip	Code
11. Pursuant	to the provisions of Sections 607.	0502 and 607.150	08. Florida Statu	tes, the abo	ve-nar	med corno	oration submits this st	atement for the	purpose of	changing its	s registered
office or r	registered agent, or both, in the Starn familiar with, and accept the ob	ate of Florida. Sur	ch change was :	,		comoratio	n's board of directors	I hereby accer	ot the appoir	tment as re	egistered
	on familiar with and south the all	linetions at Costi	on 607 0505	authorized b	y me c	оо, рольшо			, ,		
		ligations of Section	on 607.0505	orida Statute	sy the C	, po. 15.10		1/	clas	-	
agent. I a		0///	///	orida Statute	es.		d when reinstating)		6/98 DATE		
	Signal of, typed or printed name of registered OFFICERS	0///	(NOTE	orida Statute	es.				6/98 DATE		
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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 eddress, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

**FILED** 

Jan 21, 1999 8:00am

**Secretary of State** 01-21-1999 90030 048 \*\*\*150.00

CR2E034 (11/98)