

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

FILED
Feb 20 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra J. Mortimer Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000102367 (4)

1. Corporation Name

TAYLOR INSURANCE & INVESTMENTS, INC.



Principal Place of Business 5800 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33308	Mailing Address 5800 NORTH ANDREWS AVENUE FORT LAUDERDALE FL 33308
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/04/1997

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 P.O. Drawer 9328 27 Suite, Apt. #, etc. 28 City & State 29 Ft. LAUDERDALE, FL 30 Zip 31 Country	4. FEI Number 65-0799595 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 7. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No
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9. Name and Address of Current Registered Agent

VALDES-FAULI CORPORATE SERVICES, INC.
777 SOUTH FLAGLER DRIVE, SUITE 500E
WEST PALM BEACH FL 33401

10. Name and Address of New Registered Agent

81 Name	82 Street Address (P.O. Box Number is Not Acceptable)	83	84 City	85 Zip Code
			FL	

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	PRESIDENT ☐ DELETE	1.1 TITLE	PRESIDENT ☐ Change ☒ Addition
NAME	BRUCE TAYLOR	1.2 NAME	BRUCE TAYLOR
STREET ADDRESS	5800 N. ANDREWS AVE	1.3 STREET ADDRESS	5800 N. ANDREWS AVE
CITY-ST-ZIP	FT. LAUDERDALE, FL 33309	1.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	☐ DELETE	2.1 TITLE	SECRETARY ☐ Change ☒ Addition
NAME		2.2 NAME	JEFFREY TAYLOR
STREET ADDRESS		2.3 STREET ADDRESS	5800 N. ANDREWS AVE
CITY-ST-ZIP		2.4 CITY-ST-ZIP	FT. LAUDERDALE, FL 33309
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ 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.

CR2E034 (10/97)