**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00 PROFIT** FLORIDA DEPARTMENT OF STATE FILED CORPORATION Sandra B. Mortham **ANNUAL REPORT** Secretary of State 98 APR 23 AM 9: 13 1998 DIVISION OF CORPORATIONS SECRETARY OF STATE TALLAHASSEE, FLORIDA P97000105907 (4) DOCUMENT #

1. Corporation Name TAYLOR POINTE, INC. Principal Place of Business Marling Address POST OFFICE BOX 4981 3200 SOUTH HIAWASSEE ROAD #206 ORLANDO FL 32835 ORLANDO FL 32802-4961 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/15/1997 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For Applied For \$9-3494940 21 Not Applicable 26 Suite. Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 8. Election Campaion Financino \$5.00 May Be 23 Trust Fund Contribution Added to Fees 26 Zip Country Žip Country 8. This corporation owes or has paid the current year Intangible 24 25 29 30 Personal Property Tax due June 30. Yes □ No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **B&C CORPORATE SERVICES OF CENTRAL FLORIDA** 390 NORTH ORANGE AVENUE Street Address (P.O. Box Number is Not Acceptable) 82 **SUITE 1100** 83 ORLANDO FL 32801 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 photod name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE 1 1 TITLE Change Addition TITLE CHIRA, LEE NAME 1.2 NAME 8300 SOUTH HIAWASSEE ROAD #206 STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 1.4 CITY-ST-ZIP 04/28/98-01064AAA-003 Addition DELETE TITLE 2.1 TITLE Tuttle, l m \*\*\*\*150.00 NAME 2.2 NAME \*\*\*\*150.00 3200 SOUTH HIAWASSEE ROAD #206 STREET ADDRESS 2.3 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 2.4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE MCKINNEY, EUGENE J 32 NAME NAME **3200 SOUTH HIAWASSEE ROAD #206** STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL 32835 CITY-ST-ZIP 3.4. CITY - ST - ZIP TITLE DELETE 4.1 TITLE Change Addition LAWLER, THOMAS P NAME 4 2 NAME 3200 SOUTH HIAWASSEE ROAD #206 STREET ADDR 4.3 STREET ADDRESS ORLANDO FL 32835 4.4 CITY-ST-ZIP CITY - ST - ZIP DELETE Addition TITLE Change 5.1 TITLE **WILLNER**, DAVID M NAME 5.2 NAME 3200 SOUTH HIAWASSEE ROAD #206 STREET ADDRESS 5.3 STREET ADDRESS **ORLANDO FL 32835** 

14. Thereby certify that the information supplied with this filting does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that indicated on this annual report or supplied ental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; officer or director of the corporation or the post-ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name and the corporation of th his filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the rmation Block 12 or Block 13 if changed, or on a io inent with an address

5.4 CITY - ST - ZIP

6.3 STREET ADDRESS

64 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

DELETE

3300 SOUTH HIAWASSEE BOAD #206

PEISNER, ERIC

ORLANDO FL 32835

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

Change

\_\_\_ Addition