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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P97000107407 (3)

D & N TAYLOR GROUP, INC.

Principal Place of Business

Mailing Address

FILED Apr 27 1998 8:00am Secretary of State

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18640 BOB-O-LINK DRIVE 18640 BOB-O-LINK DRIVE MIAMI FL 33015					
					DO NOT HIGHE IN THIS ODAOF
					DO NOT WRITE IN THIS SPACE
i					3. Date Incorporated or Qualified
9 Principal	Place of Business	2a. Mailing Address			12/23/1997 4. FEL Number Applied For
	Place of Business	}			[[rippings rev
21 26 Suite, Apt. #, etc. Suite			wite Amb M abo		65~0800762 Not Applicable
22		Suite, Apt. #, etc.			5. Certificate of Status Desired Security Securi
City & St	ate	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution
Zip	Country	Zip	Country	1	8. This corporation owes or has paid the current year intensible
24	[25]	29	30]		Personal Property Tax due June 30. Yes X No
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent
	MERILAWYER		81	Name	
343 ALMERIA AVENUE CORAL GABLES FL 33134		82	82 Street Address (P.O. Box Number is Not Acceptable)		
1			83		
			84	City	FL 85 Zip Code
11. Pursuar	to the provisions of Sections 607.05	02 and 607.1508. Florida Stat	utes, the above	e-namer	d corporation submits this statement for the purpose of changing its registered
office or	registered agent, or both, in the State	e of Florida. Such change was	s authorized by	the cor	rporation's board of directors. I hereby accept the appointment as registered
		gations or, Section 607.0303, i	FIUTIDA STATUTOR	٠.	
SIGNATURE	Signature, typed or profind name of registered a	(Nk	OTF: Flegistered Age	ent signatur	re required when reinstating) DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PSD	DELETE	1.1 TIFLE		Change Addition
NAME	TAYLOR, DONALD W		1.2 NAME		_ , _
STREET ADDRESS	44444 BOD O LINE BODE		1.3 STREET	ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015		1.4 CITY - S		
TIFLE	VID	DELETE	2.1 TITLE	1-24	☐ Change ☐ Addition
NAME	TAYLOR, NANCY J	<u> </u>	2.2 NAME		
STREET ADDRESS	40040 BOD O I BUL DODE		2.3 STREET	AUUDECC	
CITY-ST-ZIP	MIAMI FL 33015		2. 4 CITY-5		
TITLE		DELETE	3.1 TITLE	31 - XIF	Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET	ADDDECC	
CITY-ST-ZIP TITLE		DELETE	3.4. City-5 4.1 Title	11 - KIP'	Change Addition
NAME		C) presit	4. 2 NAME		Change (Addition
STREET ADDRESS			4.2 NAME 4.3 STREET	innacco	
CITY-ST-ZIP TITLE	 	DELETE	4.4 City-S 5.1 Title	ı • Zir	Change Addition
NAME	1	otten	5.1 TILE 5.2 NAME		Change C Mounton
				ADDOCCO	
STREET ADDRESS			5.3 STREET		
CITY-ST-ZIP TITLE	 	☐ DELETE	5.4 CITY; S 6.1 TITLE	1-211	Change Addition
		L occeit			, Crange Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET		
CITY-ST-ZIP	and its that the information or unalized		6.4 CITY-S	I ZIP	

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 eath; that I am an officer or director of the corporation or the receiver or trusted 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:

1. The top description in the internation 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 trusted 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.