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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE Katherine Harris

Secretary of State

DIVISION OF CORPORATIONS

FILED Feb 15, 1999 8:00 am Secretary of State

02-15-1999 90020 032 ***150.00

DOCUMENT # P98000008716

1. Corporation Name SONYA T TAYLOR LOSW INC

OUNTA	I INICON LOOM INO							
Principal Place	of Business	Mailing Address				1 ratifiede till statet anter anter anter anter anter sater sater enter im er a	1997	
1900 S HARBOR CITY BLVD		-	1900 S HARBOR CITY BLVD					
SLITE 219		SUITE 219						
MELBOURNE FL 32901			MELBOURNE FL 32901			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated of Qualified 01/26/1998		
 , ·	ace of Business	2a. Mailing Addre	ess			4. FEI Number 3491949 Applied F		
Suite, Apt. i	#, etc.	Suite, Apt. #,	etc.			5. Certificate of Status Desired Fee Required		
22		27						
City & State	•	City & State	-	-		6. Election Campeign Financing \$5.00 May b Trust Fund Contribution Added to Fee		
23		28		Country				
Zip	Country	Zip	r=	Country	,	8. This corporation owes the current year Intangible Personal Property Tax. Yea No	, أ	
24	25	29	30	<u> </u>		10. Name and Address of New Registered Agent		
	9. Name and Address of Cur	rent Registered Agent		81	Name	14. Izglist diin sonmaaa ai itasi ila Biataiaa albaii.		
T414	OD CONVA T			["				
	LOR, SONYA T			82	Street Ad	dress (P.O. Box Number is Not Acceptable)		
) \$ HARBOR CITY BLVD				ļ			
	E 219			83	' [· · · · · · · · · · · · · · · · · · ·	• ••	
MELI	BOURNE FL 32901			84	City	85 Zip Code		
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		100 1007 4500 Fl-	di Chabadan	tha abou	n namad co	provening submits this statement for the purpose of changing its registi	ered	
agent. I ai	to the provisions of Sections 607.6 egistered agent, or both, in the Stam familiar with, and accept the ob-	0502 and 607.1508, Floric ate of Florida. Such chang ligations of, Section 607.0	5505, 7 lorks	на Сфісте.	J.	reporation submits this statement for the purpose of changing its register tion's board of directors. I hereby accept the appointment as registers	ered	
agent. I ai	to the provisions of Sections 607.0 egistered agent, or both, in the Stam familiar with, and accept the objections, typed or protect mane of registered	ilgations of, Section 507.0	5505, 7 lorks	egistered Age	J.	singd when reinstating) DATE	_	
agent. I ai	m ramiliar with, and accept the ob-	agent and title If applicable. AND DIRECTORS	(NOTE: R	egintered Age	J.	ingd when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_	
agent. I ai	m ramiliar with, and accept the ob-	agent and title If applicable. AND DIRECTORS	5505, 7 lorks	egistered Age	ini signelure requi	ingd when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN	_	
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CITY-ST-ZIP

14. I hereby certify that the information supplied with this filing does not quality for the exemption stated in Section 119.07(3Xi), Florida Statutes. I further certify that the information indicated on this annual report of 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 conforation or the receiver or trustee impowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if charged, or on an attachment with an address, with all other like empowered.