

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

FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90015 010 ***150.00

DOCUMENT # **P98000011146**

1. Corporation Name
TORRES/TAYLOR INC.

Principal Place of Business
**11500 NORTH DALE MABRY HIGHWAY, #1916
TAMPA FL 33618**

Mailing Address
**11500 NORTH DALE MABRY HIGHWAY, #1916
TAMPA FL 33618**



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 02/02/1998	
4. FEI Number 59-3489434	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional - Fee Required -
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business 21 2707 North Himes Ave		2a. Mailing Address 26 2707 N. Himes Ave	
Suite, Apt. #, etc. 22 104		Suite, Apt. #, etc. 27 104	
City & State 23 TAMPA FLORIDA		City & State 28 TAMPA FL	
Zip 24 33607		Zip 29 33607	
Country 25		Country 30	

9. Name and Address of Current Registered Agent
**TAYLOR, NANCY
11500 NORTH DALE MABRY HIGHWAY, #1916
TAMPA FL 33618**

10. Name and Address of New Registered Agent	
81 Name Torres Wilfredo	
82 Street Address (P.O. Box Number is Not Acceptable) 2707 N. Himes Ave Ste 104	
83	
84 City TAMPA	85 Zip Code FL 33607

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 Wilfredo Torres **Wilfredo Torres** 1/5/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		
TITLE D	<input type="checkbox"/> DELETE	
NAME TORRES, WILFREDO		
STREET ADDRESS 14201 VILLAGE VIEW DRIVE		
CITY-ST-ZIP TAMPA FL 33624		
TITLE D	<input checked="" type="checkbox"/> DELETE	
NAME TAYLOR, NANCY		
STREET ADDRESS 11500 NORTH DALE MABRY HIGHWAY, #1916		
CITY-ST-ZIP TAMPA FL 33618		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	<input type="checkbox"/> DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6.2 NAME		
6.3 STREET ADDRESS		
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, with all other like empowered.

SIGNATURE: Wilfredo Torres **Wilfredo Torres** 813-348-2747
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)

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