


FILED
Jul 06, 1999 8:00 am
Secretary of State

07-06-1999 90011 042 ***150.00

07-27-1999 90010 024 ***400.00

PROFIT CORPORATION ANNUAL REPORT 1999				FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P98000030464 ✓					
1. Corporation Name DAVID TAYLOR DESIGNS, INC.					
Principal Place of Business 1372 NORTH KILLIAN DRIVE, SUITE G LAKE PARK FL 33403			Mailing Address 1372 NORTH KILLIAN DRIVE, SUITE G LAKE PARK FL 33403		
DO NOT WRITE IN THIS SPACE					
3. Date Incorporated or Qualified 03/30/1998					
2. Principal Place of Business 21 1372 N. Killian Dr.		2a. Mailing Address 26 SAME		4. FEI Number 65-0829881	
Suite, Apt. #, etc. 22 # G		Suite, Apt. #, etc. 27		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	
City & State 23 Lake Park FL		City & State 28		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip 24 33403		Country 25 Palm Beach		8. This corporation owes the current year intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent LEYLAND, CLAUDETTE 1372 NORTH KILLIAN DRIVE, SUITE G LAKE PARK FL 33403			10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 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 _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
12. OFFICERS AND DIRECTORS					
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEYLAND, CLAUDETTE				
STREET ADDRESS	1372 NORTH KILLIAN DRIVE, SUITE G				
CITY-ST-ZIP	LAKE PARK FL 33403				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEYLAND, ALAN				
STREET ADDRESS	1372 NORTH KILLIAN DRIVE, SUITE G				
CITY-ST-ZIP	LAKE PARK FL 33403				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	LEYLAND, CLAUDIA				
STREET ADDRESS	1372 NORTH KILLIAN DRIVE, SUITE G				
CITY-ST-ZIP	LAKE PARK FL 33403				
TITLE	D	<input type="checkbox"/> DELETE			
NAME	TAYLOR, ANDREA				
STREET ADDRESS	1372 NORTH KILLIAN DRIVE, SUITE G				
CITY-ST-ZIP	LAKE PARK FL 33403				
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					
<input type="checkbox"/> Change <input type="checkbox"/> Addition					
1.1 TITLE					
1.2 NAME					
1.3 STREET ADDRESS					
1.4 CITY-ST-ZIP					
2.1 TITLE					
2.2 NAME					
2.3 STREET ADDRESS					
2.4 CITY-ST-ZIP					
3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition				
3.2 NAME	claudia carroll				
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:

ANDREA TAYLOR
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/7/99 561 841 7960
 Date Daytime Phone

CR2E034 (11/98)