

**FILED**  
**Apr 20, 1999 8:00 am**  
**Secretary of State**

04-20-1999 90222 003 \*\*\*150.00

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Katherine Harris</b> Secretary of State <b>DIVISION OF CORPORATIONS</b>
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**DOCUMENT # P98000048995**

1. Corporation Name  
**ADDISON-TAYLOR CORPORATION**



Principal Place of Business <b>8353 HUNTSMAN PLACE          BOCA RATON FL 33433</b>	Mailing Address <b>8353 HUNTSMAN PLACE          BOCA RATON FL 33433</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/29/1998</b>	4. FEI Number <b>65-0838067</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>	
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>	
8. This corporation owes the current year Intangible Personal Property Tax.	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

21. Principal Place of Business Suite, Apt. #, etc.	26. Mailing Address Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip Country	28. Zip Country
24. Zip Country	29. Zip Country
25. Country	30. Country

9. Name and Address of Current Registered Agent

**MICELI, ANTHONY F**  
**8353 HUNTSMAN PLACE**  
**BOCA RATON FL 33433**

10. Name and Address of New Registered Agent

81 Name  
 82 Street Address (P.O. Box Number is Not Acceptable)  
 83  
 84 City  
 85 Zip Code **FL**

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 <b>PRESIDENT</b>	NAME <b>ANTHONY F MICELI</b>	STREET ADDRESS <b>8353 HUNTSMAN PL</b>	CITY-ST-ZIP <b>BOCA RATON FL 33433</b>	<input type="checkbox"/> DELETE
TITLE <b>V. PRESIDENT</b>	NAME <b>NANCY S MICELI</b>	STREET ADDRESS <b>8353 HUNTSMAN PL</b>	CITY-ST-ZIP <b>BOCA RATON FL 33433</b>	<input checked="" type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE
TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	<input type="checkbox"/> DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input 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: \_\_\_\_\_ DATE: **9/17/99** (561) 479 9084

CR2E034 (11/98)