09211999-90004-009-$1,100.00-$550.00

999.

AMOUNT DUE ON OR BEFORE 09/15/99: $550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $750).

PROFIT CORPORATION ANNUAL REPORT

**1999**

FLORIDA DEPARTMENT OF STATE
**Katherine Harris**
Secretary of State
DIVISION OF CORPORATIONS

FILED
99 SEP 30 PM 1:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P98000074457

1. Corporation Name
TAYLOR CUNNINGHAM & ASSOCIATES P.A.

| Principal Place of Business | Mailing Address |
|---|---|
| 1045 E. ATLANTIC AVENUE<br>DELRAY BEACH FL 33483 | 1045 E. ATLANTIC AVENUE<br>DELRAY BEACH FL 33483 |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 08/24/1998

| | | | |
|---|---|---|---|
| 2. Principal Place of Business<br>21 | 2a. Mailing Address<br>26 | 4. FEI Number: 65-0858970 | ☐ Applied For<br>☐ Not Applicable |
| Suite, Apt. #, etc.<br>22: 202 | Suite, Apt. #, etc.<br>27: 202 | 5. Certificate of Status Desired ☐ | **$8.75** Additional Fee Required |
| City & State<br>23 | City & State<br>28 | 6. Election Campaign Financing Trust Fund Contribution ☐ | **$5.00** May Be Added to Fees |
| Zip / Country<br>24 / 25 | Zip / Country<br>29 / 30 | 8. This corporation owes the current year Intangible Personal Property. ☐ Yes ☐ No | |

| 9. Name and Address of Current Registered Agent | 10. Name and Address of New Registered Agent |
|---|---|
| TAYLOR, RICHARD L<br>5505 N. OCEAN BLVD<br>OCEAN RIDGE FL 33435 | 81 Name<br>82 Street Address (P.O. Box Number is Not Acceptable)<br>83<br>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
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | |
|---|---|---|---|---|---|
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | PRESIDENT<br>RICHARD TAYLOR<br>1230 VAN BUREN ST<br>Hollywood FL 33019 | ☐ DELETE | 1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP | PRESIDENT<br>RICHARD TAYLOR<br>1230 VAN BUREN ST<br>Hollywood FL 33019 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | DIRECTOR<br>KATHLEEN CUNNINGHAM<br>84 ISLAND DRIVE<br>OCEAN RIDGE FL 33435 | ☐ DELETE | 2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP | DIRECTOR<br>KATHLEEN CUNNINGHAM<br>84 ISLAND DRIVE<br>OCEAN RIDGE, FL 33435 | ☐ Change ☒ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |
| TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP | | ☐ DELETE | 6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP | | ☐ Change ☐ Addition |

CR2E034 (5/99)

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.

**SIGNATURE:** SIGNATURE REQUIRED 9/8/99 (561) 734-1175
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #