**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P98000081706

TAYLOR BOGERT REALTY, INC.

1999

## **FILED** Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90083 024 \*\*\*150.00



Principal Place of Business	Mailing Address		I (Måti(dat ing rara) idits aberi agsit agsit agsit		,
302 LAKE ARIANA BOULEVARD AUBURNDALE FL 33823  302 LAKE ARIANA BOULEVARD AUBURNDALE FL 33823			DO NOT WRITE IN TH	IIS SPACE	
			3. Date Incorporated or Qualifed		
			09/18/1998		
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Apr	plied For
21	26 P.O. Box 13	32	59-3537707	Not	t Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	<b>\$8.75</b> A Fee Rec	
City & State	City & State  28 AUBURN OFLE		Election Campaign Financing     Trust Fund Contribution	\$5.00 i Added to	
Zip · Country		Country	8. This corporation owes the current year		<b>.</b> '`
24 25	29 <i>3</i> 3823 30	<u> USA</u>	Personal Property Tax.		Mo
9. Name and Address of Curre	nt Registered Agent		10. Name and Address of New Registere	d Agent	
TAVI OD DODOTHEA D		81 Name			
TAYLOR, DOROTHEA D 302 LAKE ARIANA BOULEVARD		82 Street Add	ress (P.O. Box Number is Not Acceptable)		
AUBURNDALE FL 33823		83			
;		84 City		85 Zip C	ode
			F		
Pursuant to the provisions of Sections 607.05     office or registered agent, or both, in the State     agent. I am familiar with, and accept the obligi	of Florida. Such change was authori:	zed by the corporati	poration submits this statement for the purpose on's board of directors. I hereby accept the app	of changing its i pointment as reg	registered gistered
SIGNATURE					
Signature, typed or printed name of registered age		ered Agent signature require		AND DIRECTO	BC IN 12
		13.	ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE D	<del>-</del>	1 TITLE		Criange	
NAME : BURTON, DAVID S		2 NAME			Ì
STREET ADDRESS 302 LAKE ARIANA BOULEVAR		3 STREET ADDRESS			
CITY-ST-ZIP AUBURNDALE FL 33823		4 CITY-ST-ZIP	,	Change	Addition
TITLE .	-	1 TITLE		C) Change	
NAME		2 NAME			
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NAME	1				
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NAME	1	3 STREET ADDRESS			{
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NAME		3 STREET ADDRESS			}
STREET AODRESS		4 CITY-ST-ZIP			
I CITY OF 745 TILL AND THE CONTROL OF THE CONTROL O	■ D.				I .

odoes not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information port is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an stee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in 14. I hereby certify that the information supplied wi indicated on this annual report or supp officer or director of the corporation or Block 12 or Block 13 if changed,

SIGNATURE: