

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

**FILED**  
**Aug 05, 1999 8:00 am**  
**Secretary of State**

08-05-1999 90009 009 \*\*\*558.75

0076537

**PROFIT  
CORPORATION  
ANNUAL REPORT  
1999**



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

**DOCUMENT # P98000089608** ✓  
1. Corporation Name  
**O'CONNOR & TAYLOR DEVELOPMENT CORPORATION**



Principal Place of Business      Mailing Address  
**3892 PROSPECT AVENUE**      **3892 PROSPECT AVENUE**  
**#7**      **#7**  
**WEST PALM BEACH FL 33404**      **WEST PALM BEACH FL 33404**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

**10/19/1998**

4. FEI Number

**65-0875985**

Applied For

Not Applicable

5. Certificate of Status Desired



**\$8.75** Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



**\$5.00** May Be  
Added to Fees

8. This corporation owes the current year  
Intangible Personal Property.



Yes



No

9. Name and Address of Current Registered Agent

**WOOD, MICHAEL E**  
**3892 PROSPECT AVENUE**  
**#7**  
**WEST PALM BEACH FL 33404**

10. Name and Address of New Registered Agent

81 Name

**F. DAVID TEETS, JR., CPA**

82 Street Address (P.O. Box Number is Not Acceptable)

**3892 PROSPECT AVE. #7**

83

84 City

**WEST PALM BEACH**

FL

85 Zip Code

**33404**

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 **F. DAVID TEETS, JR., CPA**  
Signature typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

**7/27/99**  
DATE

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>O'CONNOR, FRANK S</b>	
STREET ADDRESS	<b>15 GRAND BAY CIRCLE</b>	
CITY-ST-ZIP	<b>JUNO BEACH FL 33408</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>TAYLOR, JOSEPH E III</b>	
STREET ADDRESS	<b>13635 MALLARD WAY</b>	
CITY-ST-ZIP	<b>PALM BEACH GARDENS FL 33418</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>WOOD, MICHAEL E</b>	
STREET ADDRESS	<b>201 OCEAN BLUFF BLVD., UNIT 205</b>	
CITY-ST-ZIP	<b>JUPITER FL 33477</b>	
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 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.

SIGNATURE **F. DAVID TEETS, JR.**  
Signature typed or printed name of signing officer or director

**7/27/99**  
Date

**561-863-7349**  
Daytime Phone #

CR2E034 (5/99)