

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S02316 (5)

1. Corporation Name

TAFT EQUITIES, INC.



Principal Place of Business

6301 TAFT STREET
HOLLYWOOD FL 33024

Mailing Address

1623 SE 7 ST.
FT. LAUDERDALE FL 33316
US

3. Date Incorporated or Qualified
09/14/1990

3a. Date of Last Report
03/10/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

(name change)**

ERICSON, CHERYL L.
6301 TAFT STREET
HOLLYWOOD FL 33024

SULLIVAN, CHERYL HUNTER

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

Signature, typed or printed name of registered agent and title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

☐ DELETE

TITLE

DP
HUNTER, FRED
1623 SE 7 ST.
FT. LAUDERDALE FL

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

DVP
ERICSON, CHERYL L.
5090 SW 89TH TERR
COOPER CITY FL

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

S
ERICSON, CHERYL L.
5090 SW 89TH TERR.
COOPER CITY FL

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ 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

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME ☒ Change ☐ Addition

SULLIVAN, CHERYL HUNTER **

NAME ☒ Change ☐ Addition

SULLIVAN, CHERYL HUNTER **

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

SIGNATURE:

FRED HUNTER

2/23/96

(954) 985-6460

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
**CERTIFICATE OF MARRIAGE COPY ENCLOSED

Date Daytime Phone #

CR2E034 (12/95)

APPLICATION NO. _____

FLORIDA MARRIAGE RECORD

Doc # S02316 P.2

GROOM	DATA	BRIDE	DATA	AFFIDAVIT	OF BRIDE	AND GROOM	1 GROOM'S NAME (First, Middle, Last) JOHN LENNON SULLIVAN, JR			2 DATE OF BIRTH (Month, Day, Year) AUG 05, 1945								
							3a RESIDENCE - CITY, TOWN OR LOCATION FORT LAUDERDALE			3b COUNTY BROWARD		3c STATE FLORIDA		4 BIRTHPLACE (State or Foreign Country) NORTH CAROLINA				
							5a BRIDE'S NAME (First, Middle, Last) CHERYL LEE ERICSON			5b MAIDEN SURNAME (If different) HUNTER		6 DATE OF BIRTH (Month, Day, Year) JAN 19, 1945						
							7a RESIDENCE - CITY, TOWN OR LOCATION COOPER CITY			7b COUNTY BROWARD		7c STATE FLORIDA		8 BIRTHPLACE (State or Foreign Country) MICHIGAN				
WE THE APPLICANTS NAMED IN THIS CERTIFICATE EACH FOR HIMSELF STATE THAT THE INFORMATION PROVIDED ON THIS RECORD IS CORRECT TO THE BEST OF OUR KNOWLEDGE AND BELIEF THAT NO LEGAL OBJECTION TO THE MARRIAGE NOR THE ISSUANCE OF A LICENSE TO AUTHORIZE THE SAME IS KNOWN TO US AND HEREBY APPLY FOR LICENSE TO MARRY.																		
							9 GROOM'S SIGNATURE (Sign full name) <i>John Lennon Sullivan Jr</i>			13 BRIDE'S SIGNATURE (Sign full name) <i>Cheryl Lee Ericson</i>								
							10 SUBSCRIBED AND SWORN TO APR 06, 1995			11 TITLE OF ISSUING OFFICIAL DEPUTY CLERK			14 SUBSCRIBED AND SWORN TO APR 06, 1995			15 TITLE OF ISSUING OFFICIAL DEPUTY CLERK		
							12 SIGNATURE OF ISSUING OFFICIAL <i>R R Monroe</i>			16 SIGNATURE OF ISSUING OFFICIAL <i>R R Monroe</i>								

LICENSE TO MARRY

CERTIFICATE OF MARRIAGE

RECORDED	AUTHORIZATION AND LICENSE IS HEREBY GIVEN TO ANY PERSON DULY AUTHORIZED BY THE LAWS OF THE STATE OF FLORIDA TO PERFORM A MARRIAGE CEREMONY WITHIN THE STATE OF FLORIDA AND TO SOLEMNIZE THE MARRIAGE OF THE ABOVE NAMED PERSONS.			17 DATE LICENSE ISSUED APR 06, 1995		21 I HEREBY CERTIFY THAT THE ABOVE NAMED BRIDE AND GROOM WERE JOINED BY ME IN MARRIAGE IN ACCORDANCE WITH THE LAWS OF THE STATE OF FLORIDA.			20 DATE May 5, 1995 (DATE) at Fort Lauderdale (CITY OR TOWN) FL			
	THIS LICENSE MUST BE USED ON OR BEFORE THE ABOVE EXPIRATION DATE IN THE STATE OF FLORIDA IN ORDER TO BE RECORDED AND VALID.			18 EXPIRATION DATE JUN 04, 1995		22a SIGNATURE OF PERSON PERFORMING CEREMONY <i>Harold O. Taylor</i>			22b NAME OF PERSON PERFORMING CEREMONY (TYPE OR PRINT) Harold O. Taylor			
	19 SIGNATURE OF PERSON ISSUING LICENSE <i>Robert E. Lockwood</i>			19a TITLE CLERK OF COURTS		22c TITLE Minister			22d ADDRESS 2921 SW 16 AVE, DAVIE, Florida 33330			
	20 COUNTY BROWARD COUNTY			25 DATE RETURNED MAY 9 1995		26 RECORDED IN BOOK 317 PAGE 48		23 SIGNATURE OF WITNESS TO CEREMONY <i>James L. Ericson</i>			24 SIGNATURE OF WITNESS TO CEREMONY <i>John L. Sullivan Jr</i>	
27 CLERK OF COURT ROBERT E. LOCKWOOD BY SV D/CLERK												

INFORMATION BELOW WILL NOT APPEAR ON CERTIFICATION ISSUED BY VITAL STATISTICS, EXCEPT UPON REQUEST.

GROOM	28 RACE WHITE	29 NUMBER OF THIS MARRIAGE 02	IF PREVIOUSLY MARRIED SPECIFY 30-31	30 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) DIVORCE	31 DATE LAST MARRIAGE ENDED DEC 04, 1975
	BRIDE	32 RACE WHITE	33 NUMBER OF THIS MARRIAGE 03	IF PREVIOUSLY MARRIED SPECIFY 34-35	34 LAST MARRIAGE ENDED BY (SPECIFY DEATH, DIVORCE OR ANNULMENT) DIVORCE

HRS Form 7436 Dec 89
Obsoletes previous editions.This license not valid unless seal of Clerk,
Circuit or County Court, appears thereon.

AUDIT CONTROL NO. 3092245

BROWARD COUNTY, FLORIDA
I certify this document to be a true
and correct copy of the original.
WITNESS MY HAND AND SEAL
on **MAY 9 1995**
ROBERT E. LOCKWOOD, Clerk
Bladesau D.C.
(Validated by authorized original signature only)

(65-0218004)