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Secretary of State

03-10-1999 90181 028 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # **S68310**

1. Corporation Name
TAFT & DOUGLAS CENTER, INC.



Principal Place of Business: 2401 SW 31ST AVE, PEMBROKE PINES FL 33009, US
 Mailing Address: 2401 SW 31ST AVE, PEMBROKE PINES FL 33009, US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **07/24/1991**
 4. FEI Number: **65-0278228**
 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 Tax: Yes No

2. Principal Place of Business: 21 3121 W Hallandale Bch Blvd, Suite 102, Pembroke Park, FL 33009-5149
 2a. Mailing Address: 26 3121 W Hallandale Bch Blvd, Suite 102, Pembroke Park, FL 33009-5149
 23. City & State: Pembroke Park, FL
 24. Zip: 33009-5149

9. Name and Address of Current Registered Agent
JAZAYRI, SAM
~~2401 SW 31ST AVENUE~~ 3121 W Hallandale Bch Blvd
 PEMBROKE PARK FL 33009

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 resigning) DATE: _____

12. OFFICERS AND DIRECTORS	
TITLE	DP <input type="checkbox"/> DELETE
NAME	JAZAYRI, SAM
STREET ADDRESS	2401 SW 31ST AVE 3121 W Hallandale Bch Blvd
CITY-ST-ZIP	PEMBROKE PARK FL 33009-5149
TITLE	D <input type="checkbox"/> DELETE
NAME	TAVONE, JACK
STREET ADDRESS	2315 SW 31 AVE
CITY-ST-ZIP	HALLANDALE FL
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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, with all other like empowered.

SIGNATURE: _____ Date: **3/11/99** Daytime Phone #: **994-981-1154**

CR2E034 (1/198)