

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # V10355

(8)

1. Corporation Name

R. L. TAYLOR, INCORPORATED

Principal Place of Business

2901 AVE OF AMERICAS
ENGLEWOOD FL 34224
US

Mailing Address

2901 AVE OF THE AMERICAS
ENGLEWOOD FL 34224
US

2. Principal Place of Business

2a. Mailing Address

21

State, Apt. #, etc.

26

State, Apt. #, etc.

22

City & State

27

City & State

23

Zip

Country

28

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

IZZO, JOHN P.
180 N INDIANA AVE
ENGLEWOOD FL 34223

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 607.08(2) and 607.15(2), 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 607.08(2), Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

1. TITLE	P	[] DELETED
2. NAME	TAYLOR, RANDY	
3. STREET ADDRESS	2901 AVE OF THE AMERICAS	
4. CITY, ST, ZIP	ENGLEWOOD FL	
5. TITLE	S	[] DELETED
6. NAME	TAYLOR, VICKI	
7. STREET ADDRESS	2901 AVE OF THE AMERICAS	
8. CITY, ST, ZIP	ENGLEWOOD FL	
9. TITLE		[] DELETED
10. NAME		
11. STREET ADDRESS		
12. CITY, ST, ZIP		
13. TITLE		[] DELETED
14. NAME		
15. STREET ADDRESS		
16. CITY, ST, ZIP		
17. TITLE		[] DELETED
18. NAME		
19. STREET ADDRESS		
20. CITY, ST, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	[] Change [] Addition
2. NAME	
3. STREET ADDRESS	
4. CITY, ST, ZIP	
5. TITLE	[] Change [] Addition
6. NAME	
7. STREET ADDRESS	
8. CITY, ST, ZIP	
9. TITLE	[] Change [] Addition
10. NAME	
11. STREET ADDRESS	
12. CITY, ST, ZIP	
13. TITLE	[] Change [] Addition
14. NAME	
15. STREET ADDRESS	
16. CITY, ST, ZIP	
17. TITLE	[] Change [] Addition
18. NAME	
19. STREET ADDRESS	
20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 recorder or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Book 12 or Book 13 if changed, or on a separate filing with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-16-96 (941)474-3588

CR2E034 (12/95)