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**PROFIT** CORPORATION **ANNUAL REPORT** 

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V14240

(8)

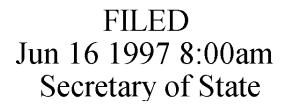
J. TAYLOR ENTERPRISES, INC.

Mailing Address

510 N 5 ST

Principal Place of Business

510 N 5 ST





| LANTANA FL                | 33462                             |                                                 | LANTA                                  | LANTANA FL 33462-1714                |                               |                |                |              |                                                 |                                       |                        |                          |
|---------------------------|-----------------------------------|-------------------------------------------------|----------------------------------------|--------------------------------------|-------------------------------|----------------|----------------|--------------|-------------------------------------------------|---------------------------------------|------------------------|--------------------------|
|                           |                                   |                                                 |                                        |                                      |                               |                |                |              | ate Incorporated or Qualified 2/17/1992         | 1                                     | ate of Last<br>14/1996 |                          |
| 2. Principal F            | Plac <b>e o</b> f Busin           | ess                                             | <del> </del>                           | 26. Mailing Address                  |                               |                |                | 1            | I Number                                        |                                       |                        | Applied For              |
| Suite, Apt.               | # etc                             |                                                 | 26                                     | Suite, Apt. #, etc.                  |                               |                |                | <del> </del> | 65-0321421                                      |                                       |                        | Not Applicable           |
| 22                        |                                   |                                                 | 27                                     |                                      |                               |                |                | <b>5.</b> Co | ertificate of Status Desired                    |                                       |                        | 5 Additional<br>Required |
| City & Stat               | te                                |                                                 | 28 City                                | y & State                            |                               |                |                |              | ection Campaign Financing ust Fund Contribution |                                       | ,                      | 0 May Be                 |
| Zip                       |                                   | Country                                         | Zıp                                    | ,                                    | Cour                          | itry           |                | 8. Tr        | nis corporation has liability for i             | ntangible                             | tax under              | s. 199.032,              |
| 24                        |                                   | 25                                              | 29                                     |                                      | 30                            |                |                | File         | orida Statutes                                  | Yes [                                 | ] No                   |                          |
|                           | <del></del>                       | and Address of Cur                              | rent Registere                         | d Agent                              |                               |                |                | 10. N        | ame and Address of New Re                       | gistered                              | <b>Agent</b>           |                          |
| TAY                       | LOR, JAME                         | S J.                                            |                                        |                                      | ľ                             | B1 N           | ame            |              |                                                 |                                       |                        | }                        |
|                           | N 5 ST                            |                                                 |                                        |                                      |                               | <b>82</b> St   | reet Addre     | ess (P.O.    | . Box Number is Not Acceptab                    | le)                                   |                        |                          |
| LAN                       | ntana FL 3:                       | 1462                                            |                                        |                                      | -                             | B3             |                |              |                                                 |                                       |                        |                          |
|                           |                                   |                                                 |                                        |                                      |                               | 93             |                |              |                                                 |                                       |                        |                          |
|                           |                                   |                                                 |                                        |                                      | Ī                             | <b>84</b> Ci   | ity            |              |                                                 | -                                     | 85 Zij                 | p Code                   |
| 11. Pursuant              | to the provision                  | one of Sections 607 (                           | 1502 and 607 11                        | FOR Florida Stat                     | utes the eb                   | 0140 00        | mad sara       | diretion o   | ubmits this statement for the p                 | FL                                    |                        |                          |
| office or r<br>agent. I a | registered age<br>am familiar wit | ent, or both, in the St<br>h, and accept the ob | ate of Florida. S<br>ligations of, Sec | Such change was<br>ction 607.0505, I | s authorized<br>Florida Statu | by the<br>les. | corporati      | ion's boa    | rd of directors. I hereby accep                 | urpose or<br>it the app               | changing<br>pintment a | as registered            |
| SIGNATURE                 |                                   |                                                 |                                        |                                      |                               |                |                |              |                                                 |                                       |                        |                          |
| 12.                       | Signature, typed o                | or printed name of registered                   | agent and lifte if app<br>AND DIRECTOR |                                      | OTE Registered                | Agent sig      | nature require |              |                                                 | DATE                                  | 5/5507.6               |                          |
| TITLE                     | P                                 | OFFICENS                                        | AND DINECTOR                           | DELETE                               | 13.                           | F              |                | AUL          | DITIONS/CHANGES TO OFFIC                        | ERS AND                               | ☐ Change               |                          |
| NAME                      | TAYLOR,                           | JAMES J.                                        |                                        |                                      | 1.2 NA                        |                |                |              |                                                 |                                       | C Cuantie              | , L Addition             |
| STREET ADDRESS            | 510 N 5 8                         | 37 UNES 0.                                      |                                        |                                      |                               | "L<br>Eet adde | ece            |              |                                                 |                                       |                        | -                        |
| CITY-ST-ZiP               | LANTANA                           |                                                 |                                        |                                      |                               | (-ST-ZIP       |                |              |                                                 |                                       |                        |                          |
| TITLE                     |                                   | <u></u>                                         |                                        | DELETE                               | 2.1 7/1                       |                |                |              |                                                 |                                       | Change                 | Addition                 |
| NAME                      |                                   |                                                 |                                        |                                      | 2.2 NAM                       |                |                |              |                                                 |                                       | onango                 | 7.50.1.51                |
| STREET ADDRESS            |                                   |                                                 |                                        |                                      |                               | EET ADDR       | BESS           |              |                                                 |                                       |                        |                          |
| CITY-ST-ZIP               |                                   |                                                 |                                        |                                      |                               | Y - ST - ZII   |                |              |                                                 |                                       |                        |                          |
| TITLE                     |                                   |                                                 |                                        | ☐ DELETE                             | 3.1 TITE                      |                |                |              |                                                 |                                       | ☐ Change               | Addition                 |
| NAME                      |                                   |                                                 |                                        |                                      | 3.2 NAM                       | 1E             |                |              |                                                 |                                       |                        |                          |
| STREET ADDRESS            |                                   |                                                 |                                        |                                      | 3.3 S R                       | EET ADDR       | RESS           |              |                                                 |                                       |                        |                          |
| CITY-ST-ZIP               |                                   |                                                 |                                        |                                      | 34. [                         | Y - \$1 - ZIF  | ,              |              |                                                 |                                       |                        |                          |
| TITLE                     |                                   |                                                 |                                        | DELETE                               | 4.1 T L                       | E              |                |              |                                                 |                                       | ☐ Change               | Addition                 |
| NAME                      |                                   |                                                 |                                        |                                      | 4. 2 N                        | ΜE             |                |              |                                                 |                                       |                        | ļ                        |
| STREET ADDRESS            |                                   |                                                 |                                        |                                      | <b>4.3</b> : R                | EF1 ADDR       | ESS            |              |                                                 |                                       |                        |                          |
| CITY-ST-ZIP               | <b></b>                           |                                                 |                                        |                                      |                               | - ST- ZIP      |                |              |                                                 |                                       |                        |                          |
| TITLE                     |                                   |                                                 |                                        | ☐ DELETE                             | 5.1 T. L                      | E              | Ì              |              |                                                 |                                       | Change                 | Addition                 |
| NAME                      |                                   |                                                 |                                        |                                      | 5.2 III N                     | IE             |                |              |                                                 |                                       |                        |                          |
| STREET ADDRESS            |                                   |                                                 |                                        |                                      | 5.3 S R                       | ET ADDR        | ESS            |              |                                                 |                                       |                        |                          |
| CITY-ST-ZIP               |                                   | <del></del>                                     |                                        |                                      |                               | - ST - ZIP     |                |              |                                                 | · · · · · · · · · · · · · · · · · · · |                        |                          |
| TITLE                     |                                   |                                                 |                                        | DELETE                               | 6.1 TL                        |                | -              |              |                                                 |                                       | Change                 | Addition                 |
| NAME                      |                                   |                                                 |                                        |                                      | 6.2 NAN                       | -              |                |              |                                                 |                                       |                        | İ                        |
| STREET ADORESS            |                                   |                                                 |                                        |                                      |                               | ET ADDR        |                |              |                                                 |                                       |                        |                          |
| CITY-ST-ZIP               |                                   |                                                 |                                        |                                      | 6.4 CHTY                      | - ST - ZIP     |                |              |                                                 |                                       |                        |                          |

14. I do 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 eath; 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