FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

FILED

Feb 27 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # V60346

(6)

TAURUS GROUP, INC.

SIGNATURE:

Principal Plac 3773 CENTRAL SUITE A257 ST. PETERSBU US		Mailing Address 3773 CENTRAL AVENUE SUITE A257 ST. PETERSBURG FL 33713 US	3773 CENTRAL AVENUE SUITE A257 ST. PETERSBURG FL 33713-8338		3. Date Incorporated or Qualified 08/24/1992 38. Date of Last Report 03/14/1996			
2. Principal F	Place of Business	2a. Mailing Address			08/24/1992 4. FEI Number	03/14		policed For
21		26			59-3139365	Applied For Not Applicable		
Suite, Apt. #, etc.		Suite, Apt #, etc.	Suite, Apt #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27	City & State			Fee Required		
City & State		mang				6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees		
Zip	Country	28	Countr	v	Trust Fund Contribution			
24	25	├ ──¬	30	,	 This corporation has liability the Florida Statutes 	or intangible ta		. 199.032,
	9. Name and Address of Ci		-		10. Name and Address of New			
WIN	EBRENNER, J.M.		81	Name			***************************************	
3773 CENTRAL AVENUE				82 Street Address (P.O. Box Number is Not Acceptable)				
ST.	PETERSBURG FL 33713							
			83					
			84	City			85 Zip (Code
				<u> </u>	poration submits this statement for th	PL.		
SIGNATURE	Styretize type to printed name of registral OF FICE RS	diagen and title if applicable (NOTE AND DIRECTORS	13.	ent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OF			
Tille	BULLOCK, JEFFREY L.	L_I Utlett	1.1 TITLE			L	J Change	
NAME STREET ADDRESS	AAAA SI SASSII ATOPPY HAA	4	1.2 NAME					
CITY-SI-70P	WALNUT CREEK CA	7	1.3 STREE 1.4 City-	T ADDRESS				
THE		DELETE	2 1 TITLE	31-11			Change	Addition
NAME			2.2 NAME			-		
STREET ADDRESS			2.3 STREE	ADDRESS				
COLY - ST - ZIP			2. 4 CITY-	\$1 - Z IP				
THLE		DELETE	3.1 TITLE				Change	Addition
NAME			3.2 NAME		•			
STREET ADDRESS				T ADDRESS				
CHY-SI-7IP THEF		DELETE.	3.4. CITY -	ST-2IP			Change	☐ Addition
MAVE		Direction.	4. 2 NAME			L.	1 Change	Nocition
STREET ADDRESS				T ADDRESS				
City - St - 7IP			4.4 CiTY-					
TOLE	1	DELFTE	5.1 THTLE				Change	Addition
NAME			5.2 NAME	.				
SPREET ADDRESS			5.3 STREE	T ADDRESS				
CITY - ST - ZIP		77 25.55	5.4 CITY-	ST-ZIP		<u> </u>	•	····
THE		☐ DELETE	6.1 TITLE			L] Change	Addition Addition
NAME PERFECT ADDRESS	,		6.2 NAME					
STREET ADDRESS.				T ADDRESS				
14. Edo here	1. Bby certify that the information sur	oplied with this filing does not qualify	6.4 CITY-	emotion state	d in Section 119.07(3)(i), Florida State	ites I further o	orlify that	the
information an c	on indicated on this annual repor officer or director of the comoratio	l or supplemental annual report is tri	ue and acc ered to exe	urate and the	at my signature shall have the same le ort as required by Chapter 607, Florid	and affect on if	made un	dar aath that