


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

FILED
Mar 01, 1999 8:00 am
Secretary of State

03-01-1999 90145 010 ***150.00

0096455

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # V14362

1. Corporation Name
TAFT PIT, INC.

Principal Place of Business 9800 RECYCLE CENTER RD ORLANDO FL 32824 US	Mailing Address 2117 HOFFNER AVE ORLANDO FL 32809 US
---	---



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 02/11/1992
21 2117 Hoffner Ave	26 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	28 City & State	4. FEI Number 59-3190037
22	23 Orlando FL	29	30	5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required
24 32809	25 US	29	30	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
9. Name and Address of Current Registered Agent				8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent		
MADISON, PETER D. 2117 HOFFNER AVE ORLANDO FL 32809		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 _____ DATE _____
 Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADISON, PETER D.	1.2 NAME	
STREET ADDRESS	9800 RECYCLE CENTER RD.	1.3 STREET ADDRESS	2117 Hoffner Ave
CITY-ST-ZIP	ORLANDO FL	1.4 CITY-ST-ZIP	Orlando FL 32809
TITLE	VP <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MADISON, BEVERLY B	2.2 NAME	
STREET ADDRESS	9800 RECYCLE CENTER ROAD	2.3 STREET ADDRESS	2117 Hoffner Ave
CITY-ST-ZIP	ORLANDO FL	2.4 CITY-ST-ZIP	Orlando FL 32809
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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: *Peter D. Madison* **REQUIRED** 1/8/98 (407) 857-3619
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone #

CR2E034 (1/98)