

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

①

PROFIT CORPORATION ANNUAL REPORT 1997	 153261 FLO. DEPT. OF STATE Secretary of State DIVISION OF CORPORATIONS
---	--

DOCUMENT # **153261**
1. Corporation Name **YOUTH INVESTMENTS INC.**

97 JUL 30 11 7:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business LIC PASCALS Academy 1911 N. 66th AVE Hollywood, FL 33024	Mailing Address 40 DOUG MILLARD 1083 N.W. 97th AVE Plantation, FL 33322
--	---

2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29	3. Date Incorporated or Qualified 4-22-1985	3a. Date of Last Report 2-5-96	4. FEI Number 592524009	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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No			

9. Name and Address of Current Registered Agent DOUGLAS S. MILLARD 1083 N.W. 97th AVE Plantation, FL 33322		10. Name and Address of New Registered Agent 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 Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)		DATE
12. OFFICERS AND DIRECTORS		
TITLE	☐ DELETE	
NAME	President	
STREET ADDRESS	Douglas S. Millard	
CITY-ST-ZIP	1083 NW 97th Ave	
	Plantation FL 33322	
TITLE	☐ DELETE	
NAME	Secretary	
STREET ADDRESS	Bonnie Millard	
CITY-ST-ZIP	1083 NW 97 Ave	
	Plantation FL 33322	
TITLE	☐ DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	☐ DELETE	
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
13. CHANGES TO OFFICERS AND DIRECTORS IN 12		
1.1 TITLE	☐ Change ☐ Addition	
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE	☐ Change ☐ Addition	
2.2 NAME	400002256794-1	
2.3 STREET ADDRESS	-08/04/97-01129-013	
2.4 CITY-ST-ZIP	****173.75 ****173.75	
3.1 TITLE	☐ Change ☐ Addition	
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE	☐ Change ☐ Addition	
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE	☐ Change ☐ Addition	
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE	☐ Change ☐ Addition	
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-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 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.

SIGNATURE: **Douglas S. Millard** 6/29/97 954-584-1224
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)