1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # K43838

JOHAN & YORK, INC.

FILED Apr 30, 1999 8:00 am Secretary of State

04-30-1999 90036 019 ***158.75



Principal Place of Business			Mailing Address						
1803 PARK CENTRE DRIVE SUITE #101			P.O. BOX 2340 WINDERMERE FL 34786						
						DO NO	DO NOT WRITE IN THIS SPACE		
ORLANDO FL 32835 US			US			3. Date Incorporated or Qu			
00						11/04/1988			
2. Principal P	lace of Business		2a. Mailing Address			4. FEI Number		I A	pplied For
21 5858	INTERNE	TIONAL DR.	26			59-2932689		N	lot Applicable
Suite, Apt.			Suite, Apt. #, etc.	_				\$8.75	Additional
22			27			5. Certifcate of Status Des	ared 🛃	Fee R	Required
City.&.State	e		City & State		يت تدير		incing	\$5.00).May-Be
23 081	thoo I-T	ORIDA	28			Trust Fund Contribution		Added	to Fees
Zip	_	untry	Zip	Cou	ntry	8. This corporation owes t	he current year Inta		
24 3281	9 25	<u>seance</u>	29	30		Personal Property Tax.		Yes	□No
	9. Name and A	ddress of Current F	Registered Agent			10. Name and Address of	New Registered	Agent	
81481	14 I D				81 Name				1
NANA, J. D. 5447 BROOKLINE DR. S204					82 Street Address (P.O. Box Number is Not Acceptable)				
					00				
					83				
UKL	ANDO FL 32819				84 City			85 Zip	Code
					·		<u> </u>	Щ.	
11. Pursuant	to the provisions of	Sections 607.0502 a	and 607.1508, Florida Statu Florida, Such change was a	tes, the al authorized	bove-named by the con	l corporation submits this statement poration's board of directors. I hereby	for the purpose of o accept the appoin	changing it itment as r	egistered
agent. I a	m familiar with, and	accept the obligation	ns of, Section 607.0505, Fk	orida Stati	ites.				- (
SIGNATURE	CEN-		イムバー				26.99		
	Eligitature, typed or printed	name of registered agent a	nd title if applicable (NOT	E: Registered	Agent signature	required when reinstating)			
42		OFFICEDS AND	DIRECTORS	13		ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECT	ORS IN 12
12.	DD	OFFICERS AND		13.	7.F	ADDITIONS/CHANGES	TO OFFICERS AN	D DIRECT ☐ Change	
TITLE	PD NAMA I D	OFFICERS AND	DIRECTORS DELETE	1.1 TI		ADDITIONS/CHANGES	TO OFFICERS AN		
TITLE NAME	NANA, J.D.			1.1 TII 1.2 N/	ME		TO OFFICERS AN		
NAME STREET ADDRESS	nana, J.D. 5447 Brooklii			1.1 TII 1.2 N/ 1.3 ST	ME REET ADDRESS		TO OFFICERS AN		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	NANA, J.D.			1.1 TII 1.2 N/ 1.3 ST	ME REET ADDRESS TY-ST-ZIP		TO OFFICERS AN		Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE	nana, J.D. 5447 Brooklii		☐ DELETE	1.1 TII 1.2 NA 1.3 ST 1.4 CE 2.1 TII	ME REET ADDRESS IY-ST-ZIP 'LE		TO OFFICERS AN	Change	Addition
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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: