

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # K43838

1. Entity Name

JOHAN & YORK, INC.

FILED
May 07, 2000 8:00 am
Secretary of State

05-07-2000 90013 040 ***163.75

Principal Place of Business

Mailing Address

5858 INTERNATIONAL DR
ORLANDO FL 32819
US

P.O. BOX 2340
WINDERMERE FL 34786-2340
US

2. Principal Place of Business

830 N. ATLANTIC AVENUE

3. Mailing Address

AS ABOYE

Suite, Apt. #, etc.

SUITE B1702

Suite, Apt. #, etc.

City & State

COCOA BEACH FLORIDA.

City & State



DO NOT WRITE IN THIS SPACE

4. FEI Number

59-2932689

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

NANA, J. D.
5447 BROOKLINE DR.
S204
ORLANDO FL 32819

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

J. D. NANA

4/25/2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back)



FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution.



**\$5.00 May Be
Added to Fees**

11. OFFICERS AND DIRECTORS

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

TITLE PD
NAME NANA, J.D.
STREET ADDRESS 5447 BROOKLINE DRIVE
CITY-ST-ZIP ORLANDO FL



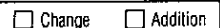
TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE J.D. NANA PRESIDENT
NAME
STREET ADDRESS 830 N. ATLANTIC AV. SUITE B1702
CITY-ST-ZIP COCOA BEACH
FLORIDA 32931



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP



13. 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-25-2000

Date

407-987-4100

Daytime Phone #

CR2E034 (9/99)