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Mar 06, 1999 8:00 am
Secretary of State

03-06-1999 90109 022 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # K64484

1. Corporation Name
YBI DIVERSIFIED, INC.



Principal Place of Business
701 N. FRANKLIN, SUITE 300/33602
P. O. BOX 172307
TAMPA FL 33672-0307

Mailing Address
701 N. FRANKLIN, SUITE 300/33602
P. O. BOX 172307
TAMPA FL 33672-0307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

02/09/1989

4. FEI Number

59-2931331

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 owes the current year Intangible
Personal Property Tax. ☐ Yes ☐ No

2. Principal Place of Business

21 5120 Central Avenue

Suite, Apt. #, etc.

22

City & State

23 St. Petersburg, FL

Zip

24 33713

Country

25 U.S.

2a. Mailing Address

26 Post Office Box 172307

Suite, Apt. #, etc.

27

City & State

28 Tampa, FL

Zip

29 33672-0307

Country

30 U.S.

9. Name and Address of Current Registered Agent

BARRETT, CHARLES
701 N. FRANKLIN
SUITE 300
TAMPA FL 33602

10. Name and Address of New Registered Agent

81 Name

CHARLES V. BARRETT

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

307 S. Fielding Avenue

83

84 City

Tampa

FL

85 Zip Code

33606

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 **P** ☐ DELETE

NAME **GOLDSTEIN, RONALD H.**
STREET ADDRESS **14524 NETTLE CREEK RD.**
CITY-ST-ZIP **TAMPA FL**

TITLE **D** ☐ DELETE

NAME **GOLDSTEIN, BELLE**
STREET ADDRESS **40 MICHELL CIRCLE**
CITY-ST-ZIP **OLDSMAR FL**

TITLE **D** ☐ DELETE

NAME **GOLDSTEIN, YOLANDA**
STREET ADDRESS **14524 NETTLE CREEK RD.**
CITY-ST-ZIP **TAMPA FL**

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. ADDITIONS/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

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

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 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 in an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (1/1/98)