

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

FILED
Jan 15 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # M35681 (9)

1. Corporation Name
POBER, YESPELKIS AND ASSOCIATES, INC.

Principal Place of Business

C/O RICHARD POBER
15440 SW 84TH CT
MIAMI FL 33157

Mailing Address

C/O RICHARD POBER
15440 SW 84TH CT
MIAMI FL 33157



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

3. Date Incorporated or Qualified

07/24/1986

4. FEI Number

59-2708209

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 or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☒ No

9. Name and Address of Current Registered Agent

POBER, RICHARD
15440 SW 84TH CT
MIAMI FL 33157

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

(Not to be gathered Agent signature required when consulting)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DP	☐ DELETE
NAME	POBER, RICHARD	
STREET ADDRESS	15440 SW 84TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	DVS	☐ DELETE
NAME	POBER, BETTYANN	
STREET ADDRESS	15440 SW 84TH CT	
CITY-ST-ZIP	MIAMI FL	
TITLE	EVPD	☐ DELETE
NAME	YESPELKIS, NORMAN	
STREET ADDRESS	282 NW 90TH AVE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
TITLE	VT	☐ DELETE
NAME	YESPELKIS, JAMIE	
STREET ADDRESS	282 NW 90TH AVENUE	
CITY-ST-ZIP	CORAL SPRINGS FL 33071	
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

11 TITLE	☐ Change ☐ Addition
12 NAME	
13 STREET ADDRESS	
14 CITY-ST-ZIP	
21 TITLE	☐ Change ☐ Addition
22 NAME	
23 STREET ADDRESS	
24 CITY-ST-ZIP	
31 TITLE	☐ Change ☐ Addition
32 NAME	
33 STREET ADDRESS	
34 CITY-ST-ZIP	
41 TITLE	☐ Change ☐ Addition
42 NAME	
43 STREET ADDRESS	
44 CITY-ST-ZIP	
51 TITLE	☐ Change ☐ Addition
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	☐ Change ☐ Addition
62 NAME	
63 STREET ADDRESS	
64 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

SIGNATURE *Richard Pober* *Bettyann Pober* *12/15/97* *33071-106*

CR2E034 (10/97)