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Secretary of State

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DO NOT WRITE IN THIS SPACE

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # M35681

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

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

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 the current year Intangible Personal Property Tax.

Yes No

9. Name and Address of Current Registered Agent

POBER, RICHARD
15440 SW 84TH CT
MIAMI FL 33157

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	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	EVPO	☐ 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

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

SIGNATURE:

Richard Pober RICHARD POBER

12/31/98

305-232-6006

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)