

FILE NOW: FILING FEE IS \$61.25

FILED
Jan 30 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **N96000001071 (7)**

1. Corporation Name
PROJECT Y.E.S., INC.



Principal Place of Business 6750 S.W. 59TH STREET MIAMI FL 33143	Mailing Address 6750 S.W. 59TH STREET MIAMI FL 33143-1906
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3. Date Incorporated or Qualified 02/26/1996	3a. Date of Last Report N/A
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2. Principal Place of Business 21 5275 SUNSET DRIVE	2a. Mailing Address 26 5275 SUNSET DRIVE	4. FEI Number 65-0107810	Applied For <input type="checkbox"/> Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
23 City & State MIAMI, FL	28 City & State MIAMI, FL	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24 Zip 33143-5919	25 Country USA	29 Zip 33143-5919	30 Country USA

9. Name and Address of Current Registered Agent FUGATE, MARTHA 6750 S.W. 59TH STREET MIAMI FL 33143		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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE: *[Signature]*
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when re-issuing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	FUGATE, MARTHA	1.2 NAME	
STREET ADDRESS	6750 S.W. 59TH STREET	1.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	1.4 CITY - ST - ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	D P <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BARDEN, CONNIE	2.2 NAME	BARDEN, CONNIE
STREET ADDRESS	6750 S.W. 59TH STREET	2.3 STREET ADDRESS	6750 SW 59th STREET
CITY - ST - ZIP	MIAMI FL 33143	2.4 CITY - ST - ZIP	MIAMI, FL33143
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	ALLEN, NANCY	3.2 NAME	
STREET ADDRESS	6770 S.W. 59TH STREET	3.3 STREET ADDRESS	
CITY - ST - ZIP	MIAMI FL 33143	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME		4.2 NAME	OLDAKOWSKI, ROBERT
STREET ADDRESS		4.3 STREET ADDRESS	550 OCEAN DRIVE
CITY - ST - ZIP		4.4 CITY - ST - ZIP	KEY BISCAYNE, FL 33149
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *[Signature]* **CONNIE BARDEN** 1/18/97 (305) 674-2632

CR2E037 (9/96)