

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000071402 (9)

1. Corporation Name

YBARRA AND ASSOCIATES, P.A.

Principal Place of Business

4544 DOLPHIN DRIVE
LAKE WORTH FL 33463

Mailing Address

4544 DOLPHIN DRIVE
LAKE WORTH FL 33463



2. Principal Place of Business

21 301 W. Ocean Ave.

2a. Mailing Address

26 P.O. Box 3182

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 #3

27 City & State

23 Lantana, FL

28 Lantana, FL

Zip

24 33462

Country

25 USA

Zip

29 33465-3182

Country

30 USA

9. Name and Address of Current Registered Agent

YBARRA, DAVID
4544 DOLPHIN DRIVE
LAKE WORTH FL 33463

3. Date Incorporated or Qualified

09/29/1994

3a. Date of Last Report

06/21/1995

4. FEI Number

65-0552667

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 has liability for intangible tax under s. 193.032
Florida Statutes

☐ Yes ☒ No

10. Name and Address of New Registered Agent

81 Name

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

83 301 W. Ocean Avenue #3

84 City

Lantana

FL

85 Zip Code

33462

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 the corporation.

(Block 10. Registered Agent's name is required when changing.)

DAV

12. OFFICERS AND DIRECTORS

TITLE P ☐ DELETE

NAME YBARRA, DAVID
STREET ADDRESS 4544 DOLPHIN DRIVE
CITY-ST-ZIP LAKE WORTH FL 33463

TITLE DVST ☐ DELETE

NAME VERNESE, JANA
STREET ADDRESS 301 W. OCEAN AVE.
CITY-ST-ZIP LANTANA FL 33462

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

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. TITLE ☐ Change ☐ Addition

2. NAME

3. STREET ADDRESS

4. CITY-ST-ZIP

5. TITLE ☐ Change ☐ Addition

6. NAME

7. STREET ADDRESS

8. CITY-ST-ZIP

9. TITLE ☐ Change ☐ Addition

10. NAME

11. STREET ADDRESS

12. CITY-ST-ZIP

13. TITLE ☐ Change ☐ Addition

14. NAME

15. STREET ADDRESS

16. CITY-ST-ZIP

17. TITLE ☐ Change ☐ Addition

18. NAME

19. STREET ADDRESS

20. CITY-ST-ZIP

21. TITLE ☐ Change ☐ Addition

22. NAME

23. STREET ADDRESS

24. CITY-ST-ZIP

25. TITLE ☐ Change ☐ Addition

26. NAME

27. STREET ADDRESS

28. CITY-ST-ZIP

29. TITLE ☐ Change ☐ Addition

30. NAME

31. STREET ADDRESS

32. CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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:

Jana D. Vernese
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)