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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000055759

May 04, 1999 8:00 am Secretary of State

05-04-1999 90157 028 ***150.00

1. Corporation					
1YMAC	CORPORATION				
	·				
Principal Place of Business Mailing Address					()
7336 PINE TREE LN 7336 PINE TREE LN					
LAKE CLARKE SHORES FL 33406 LAKE CLARKE SHORES FL					
					DO NOT WRITE IN THIS SPACE
					3. Date Incorporated or Qualifed
					07/17/1995
Principal Place of Business 2a. Mailing Address					4. FEI Number 65-0757438 Applied For
21 26				_	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired \$8.75 Additional
27					5. Certificate of Status Desired Fee Required
City & State City & State					6. Election Campaign Financing \$5.00 May Be.
23 28					Trust Fund Contribution Added to Fees
Zip	Country	Zip	Counti	ry	8. This corporation owes the current year Intangible
24	25	29	30		Personal Property Tax.
	9. Name and Address of Curre	nt Registered Agent			10. Name and Address of New Registered Agent
	-		8	1 Name	•
	OUR, ALAN I		8	3 Street Add	Iress (P.O. Box Number is Not Acceptable)
1645	PALM BEACH LAKES BLVD.		"	Z) Street Add	iless (F.O. Dox Humber is Not Acceptable)
STE 1200			8	3	
WES	T PALM BEACH FL 33401				
			8	4 City	FL 85 Zip Code
OAT OF OD and CAT 4 FOR Florida Statuton				vo named cor	
office or r	egistered agent, or both, in the Stati	e of Florida. Such change was au	thorized b	y the corporati	poration submits this statement for the purpose of changing its registered ion's board of directors. I hereby accept the appointment as registered
agent. I a	m familiar with, and accept the oblig	ations of, Section 607.0505, Flor	ida Statute	9\$.	
SIGNATURE		(NOTE:	D		ed when reinstating) DATE
40	Signature, typed or printed name of registered ag	ND DIRECTORS	13.	laur signatura radulir	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
12.	D	DELETE	1.1 T/TLE		Change Addition
Υ i	RICH, DONALD A	*	1.2 NAME		
NAME	· ·			- 1	
STREET ADDRESS	DALLO TOGOTHAL TALLE LA			ET ADDRESS	
CITY-ST-ZIP	LAKE CLARKE SHORES FL	☐ DELETE	1.4 CITY-		☐ Change ☐ Addition
TITLE	D	□ pereie	2.1 TITLE		
NAME	RICH, VICTORIA T		2.2 NAME	· l	İ
STREET ADDRESS	23.230 1000 1 11.2 11.22 2.7		2.3 STRE	ET ADDRESS	
CITY-ST-ZIP			2. 4 CITY		
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	-		3.2 NAME	E	سنس سر به سهده
STREET ADDRESS	}	3.33		ET ADDRESS	
CITY-ST-ZIP			3.4. CITY	-ST-Z/P	
TITLE		☐ DELETE	4.1 TITLE	□	☐ Change ☐ Addition
NAME			4. 2 NAM	E	
STREET ADDRESS			4.3 STRE	ET ADDRESS	i
CITY-ST-ZIP	•		4.4 CITY	-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE		. Change Addition
NAME			5.2 NAME		•
STREET ADDRESS	, in the second		5.3 STRE	ET ADDRESS	
CITY-ST-ZIP			5.4 CITY-	-ST-ZIP	i
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME		- ·	6.2 NAMI	E	
}				ET ADDRESS	
SIREEI ADDRESS					ļ
CITY-ST-ZIP			6.4 CITY	-31-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:

RASOLAES LOE