

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

FILED

Feb 27 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # F96000006343 (5)

1. Corporation Name
YEWCREEK, INC.



Principal Place of Business

Mailing Address

C/O TMW REAL ESTATE GROUP, L.P.
5500 INTERSTATE N. PKWY. SUITE 200
ATLANTA GA 30328

C/O TMW REAL ESTATE GROUP, L.P.
5500 INTERSTATE N. PKWY. SUITE 200
ATLANTA GA 30328-4662

3. Date Incorporated or Qualified

3a. Date of Last Report

12/05/1996

4. FEI Number 58-2271023

Applied For

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. 199.032,
Florida Statutes

☐

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

C T CORPORATION SYSTEM
1200 SOUTH PINE ISLAND ROAD
PLANTATION FL 33324

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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	WEEBER, ULRKE	1.2 NAME	
STREET ADDRESS	IM WEINBERG 38, 74363 GUGLINGEN	1.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANY	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGER, THOMAS	2.2 NAME	
STREET ADDRESS	ALEXANDERSTR. 55, 74074 HEILBRONN	2.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANY	2.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGER, ROBERT	3.2 NAME	
STREET ADDRESS	HARDTHOF, 74199 UNTERGRUPPENBACH	3.3 STREET ADDRESS	
CITY-ST-ZIP	GERMANY	3.4 CITY-ST-ZIP	
TITLE	S <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MAYER, EVA	4.2 NAME	
STREET ADDRESS	ANTONIA-VISCONTI-STR. 1	4.3 STREET ADDRESS	
CITY-ST-ZIP	74321 BIETGHEIM-BISSINGEN	4.4 CITY-ST-ZIP	
TITLE	T <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MCWHIRTER, THOMAS F JR	5.2 NAME	
STREET ADDRESS	5500 INTERSTATE NORTH PARKWAY, SUITE 200	5.3 STREET ADDRESS	
CITY-ST-ZIP	ATLANTA GA 30328-4662	5.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	LANGER, CAROLINE	6.2 NAME	
STREET ADDRESS	ERNST-ACKERMANN-STR.7, 74366 KIRCHHEIM	6.3 STREET ADDRESS	
CITY-ST-ZIP	NECKAR, GERMANY	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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone # 0010892

CR2E034 (9/96)