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

Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90056 048 ***150.00

DOCUMENT 1. Corporation Name	#	38845	52

YANOFE SOUTH INC

17.010	ni occininto.							
						i I idalika kirdi lahal karri alaan alian arak ar	an kiri alam a	(/A:) A(A); B:P(()o
Principal Pl	Place of Business	Mailing Address						
	MMERCIAL BLVD	PO BOX 36				, ganne triet terit mient alle bille bill	AN DIEN GLEIK EI	idir dibir bibir ibi
	RDALE FL 33308	BOCA RATON FL 33429-00	036					
US	10ACE FL 33308	US	-			DO NOT WRITE IN TH		
						Date Incorporated or Qualifed	IS SPACE	
2. Principal	Place of Business					09/16/1971		
21	Tribute of Dualificas	2a. Mailing Address				4. FEI Number		
Suite, Ap	of # etc	26				11-2239141		Applied For
22	7. H, 610.	Suite, Apt. #, etc					<u> </u>	Not Applicable
City & Sta	tata	27				5. Certificate of Status Desired	- ·==⊅ŏ./.:	5. Additional
23	.cate	City & State				& Flection Compains Financia		Required
Zip		28				6. Election Campaign Financing Trust Fund Contribution		0 May Be
24] •	Country	Zip	Cou	untry	,	Trust Fand Containation	Adde	d to Fees
4 4	9 Name and Add	29	30			This corporation owes the current year in Personal Property Tax.		_
	9. Name and Address of Current	Registered Agent		\Box		10. Name and Address of New Registered	Yes	□No
JAN	MES BENNETT	•		81	Name	10. Hamo and Address of New Registered	Agent	
	00 EAST COMMERCIAL BLVD		1		<u> </u>			
728	S EVOL COMMENCIAL DEAD		ı	82	Street Add	Idress (P.O. Box Number is Not Acceptable)		
	LAUDERDALE FL 33308		1	83				
,,,	LAUDENDALE PL 33308		1	"				
				84	City			
11. Pursuant	t to the provisions of Sections 607,0502;	and 607 1508 Florida Statute				rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appointment of the purpose		Code
office or r	registered agent, or both, in the State of	Florida. Such change was aut	 the an thorized 	ove-	-named con	rporation submits this statement for the purpose of tion's board of directors. I hereby accept the appoint	changing it:	s registered
SIGNATURE	-	ns of, Section 607.0505, Florid	da Statu	ites.	ne corporac	non's board or directors. I hereby accept the appoi	ntment as re	egistered
PARTOKE	Signature, typed or printed name of registered agent an					•		
2.	OFFICERS AND I	d title if applicable. (NOTE: R/		Agent s	signature require	red when reinstating) DATE		
TLE	PD	DIRECTORS DELETE	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTO	2DS IN 12
AME	YANOFF, I. ARTHUR	L/ PELEIE	1.1 TITL	-			Change	Addition
REET ADDRESS			1.2 NAME					L. Madiavit
TY-ST-ZIP	FT LAUDERDALE FL		1.3 STR	EET AL	ODRESS			
ILE T	SD		1.4 CITY	/-ST-Z	ZIP			
ME	YANOFF, HAZEL	☐ DELETE	2.1 TITLE	E			Clobones	
REET ADDRESS	2400 E COMMEDCIAL DIVIDIOS		2.2 NAMI	Æ		•	Change	☐ Addition
V ST 710	2400 E COMMERCIAL BLVD, ST 7	28	2.3 STRE	EET AD	DDRESS	the same of the same of the same of		

ST CIT 2.4 CITY-ST-ZIP TITLE DELETE 3.1 T/TLE YANOFF, HAZEL NAME Change Addition 3.2 NAME 2400 E COMMERCIAL BLVD, STE 728 STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP FT LAUDERDALE FL 3.4. CITY-ST-ZIP TITLE DELETE 4.1 TiTl F NAME Change Addition 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS TIY-ST-ZIP 4.4 CITY-ST-ZIP TILE DELETE 5.1 TITLE AME Change Addition 5.2 NAME TREET ADDRESS 5.3 STREET ADDRESS TY-ST-ZIP 5.4 CITY-ST-ZIP TLE ☐ DELETE 6.1 TITLE ☐ Change ☐ Addition 6.2 NAME TREET ADDRESS 6.3 STREET ADDRESS TY-ST-ZIP

4. 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 Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE AND TYPED OF PRINTED WAME OF SIGNING OFFICER OR DIRECTOR IGNATURE: