

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

PROFIT CORPORATION ANNUAL REPORT 1997



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

FILED

97 APR 29 AM 8:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # 487993

1. Corporation Name

Yours Truly Incorporated

Principal Place of Business

Mailing Address

*3785 NW 46th St
Miami, FL 33142*

*3785 NW 46th St
Miami, FL 33142*

3. Date Incorporated or Qualified

3a. Date of Last Report

10.20.75

4.15.96

2. Principal Place of Business

2a. Mailing Address

21 Same As # etc

26 Suite, Apt #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

4. FEI Number

Applied For

59.1629830

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

*Morris, Janeeth
3785 NW 46th St
Miami, FL 33142*

81 Name

Arnold Freeman

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

3785 NW 46th St

83

84 City

Miami

FL

85 Zip Code

33142

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

Print or 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: *Morris, Janeeth* DELETE
NAME: *Morris, Janeeth*
STREET ADDRESS: *6812 SW 102nd St*
CITY-ST-ZIP: *Hollywood, FL*

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition
100002162421--7
-05/01/97--01104--006
*****165.00 ***165.00**

TITLE: *Blount, Edward S* DELETE
NAME: *Blount, Edward S*
STREET ADDRESS: *19724 NE 26th Ave #123*
CITY-ST-ZIP: *N. Miami Beach, FL*

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE: *Sec'y / Treas.* DELETE
NAME: *Arnold Freeman*
STREET ADDRESS: *5710 Simms St*
CITY-ST-ZIP: *Hollywood, FL 33041*

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

Change Addition

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY-ST-ZIP:

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 in an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Arnold Freeman Sec'y / Treasurer

305 633 1815
Date Daytime Phone #

CR2E034 (9/96)