EILE 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

DOCUMENT # 500481

(7)

YARCHIN CORPORATION

Principal Plac	e of Business	Mailing Address					4 10010) Affili Abist Besti Atomi 10101 ilat		BIBNI BIBNI W	/### BIBII	1011
2480 PRESIDE West Palm e	ntial way Beach FL 33401		2480 PRESIDENTIAL WAY WEST PALM BEACH FL 33401-1355				•				
							3. Date Incorporated or Qualified 04/05/1976 3a. Date of Last Report 02/06/1996				
	lace of Business	2a. Mailing Address			4.	FEI Number			Applied		
21						65-0028212					plicable
22		Suite, Apt. #, etc.	27			5.	Certificate of Status Desired			5 Addit Require	
City & Stat	e	City & State	<u>}</u> , '			6.	Election Campaign Financing Trust Fund Contribution			00 May	
Zip	Country	Zip	Cou	ntry		8.	8. This corporation has liability for intangible tax under s. 199.03				
24	25	29	30						□ No		
9. Name and Address of Current Registered Agent						10.	Name and Address of New Reg	istered	Agent		
	KIN & WOOLF, P.A.			81	Name ·						
1700 PALM BEACH LAKES BLVD. STE. 580 FLAGLER FEDERAL TOWER WEST PALM BCH FL 33401				62	Street Add	ress (P.O. Box Number is Not Acceptable)					
				83		·					
				84	City			FL	.	ip Code	
office or r	to the provisions of Sections 607.05 registered agent, or both, in the Statim familiar with, and accept the obli	e of Florida. Such change wa	s authorized	vd b	the corpora	poratio ition's b	n submits this statement for the population of directors. I hereby accept	urpose o t the app	f changing pointment	g its reg as regis	gistered stered
SIGNATURE	Signature typed or printed name of registered a	gent and allo if applicable. (N	OTE Registered	i Ager	nt signature requ	ired when	rainstatino)	DATE			
12.		ND DIRECTORS	13.				ADDITIONS/CHANGES TO OFFIC		DIRECT	ORS IN	12
THE	P DELETE 1.			LE		Chan			e _	Addition	
NAME	YARCHIN, ABRAHAM		1.2 NA	ME							
STREET ADDRESS				1.3 STREET ADDRESS							
CITY-ST-ZIP	WEST PALM BCH FL		1.4 CI	TY-\$1	T - ZIP						-
TITLE	DELETE 2.1 T		2.1 111	LE				☐ Chang	e 🗆	Addition	
NAME	2.2		2.2 NA	2 NAME							İ
STREET ADDRESS			2.3 ST	2.3 STREET ADDRESS							
City-St-ZiP	<u> </u>		2. 4 C	IY-S	iT • ZiP						
TITLE		DELETE	3.1 TII	LĘ					Chang	e	Addition

64 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, by on an attachment with an address.

3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE 5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

DELETE

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

5.4 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.4. CITY - ST - ZIP

SIGNATURE:

NAME

TITLE

NAME

TITLE

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-S1-ZIP

CITY-ST-ZIP

CITY - ST - ZIP

INATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTO

fan 10-97

Daytime Phone #

Change

Change

Addition

Addition

Change Addition

FILED

Feb 06 1997 8:00am

Secretary of State

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