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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

<i>\$</i>	1999	DIVISION OF	CORPORATIONS	Secretary	oi State
DOCUMENT # 508079 1. Corporation Name				01-21-1999 90050 0	
	T YOUNG & ASSOCIATI	ES. INC.			
				I T raid i Oran Handi Karlı Oran Handi İdiri Oran Handi İdir A	ANN ANDRIA ANDRIA BRANCO ANDRIA ARRARO NA AN
	<u> </u>				
Principal Place of Business Mailing Address					Bil Algir Billi diğir Bibil Bibil iBbi
4600 W. CYPRESS ST. 4600 W. CYPRESS ST. SUITE 451					
SUITE 451 SUITE 451 TAMPA FL 33607 TAMPA FL 33607				DO NOT WRITE IN T	HIS SPACE
	•			3. Date Incorporated or Qualifed 07/29/1976	
<u> </u>		2a. Mailing Address		4. FEI Number	Applied For
21 Suita Ant	#	26 7		59-1689060	Not Applicable
Suite, Apt.	<u> </u>	Suite, Apt. #, etc.		5. Certifcate of Status Desired	\$8.75 Additional Fee Required
City & Sta		City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation owes the current year	
24	25	29	30	Personal Property Tax.	ØYes □No
	g. Name and Address of Curr	ent Registered Agent	81 Name	10, Name and Address of New Register	ed Agent
YOUNG, WILLIAM T. JR.				(0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	
4706 NEPTUNE			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
TAMPA FL 33609			83		
			84 City		85 Zip Code
·	· · · · · · · · · · · · · · · · · · ·	<u> </u>		F	·L
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. La	im familiar with, and accept the obli	gations of, Section 607.0505, Fl	orida Statutes.		
SIGNATURE	Signature, typed or printed name of registered as	gent and title if applicable. (NOT	E: Registered Agent signature require	ed when reinstating). OATE	· · ·
12.		AND DIRECTORS	13.	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE	$N_{ij}(\mathbf{t}) = \sum_{i=1}^{n} \mathbf{t}_{ij}^{(i)}(\mathbf{t}_{ij}^{(i)})$	☐ Change ☐ Addition
NAME	YOUNG, WILLIAM T. JR.		1.2 NAME		
STREET ADDRESS	4600 W. CYPRESS ST.		1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL	☐ DELETE	1,4 CITY-ST-ZIP		Change Addition
TITLE NAME		C. DCCC1C	2.1 TITLE 2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		1	2.4 CITY-ST-ZIP		
TITLE	Name take kind	☐ DELETE	3.1 TITLE		Change Addition
NAME STREET ADDRESS	The state of the s		3.2 NAME		
	Mariana 1 Mariana 1		3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		. Change Addition
NAME			4. 2 NAME	•	
STREET ADDRESS CITY-ST-ZIP	e.		4.3 STREET ADDRESS		
TITLE	<u> </u>	DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		_ ,
STREET ADDRESS		•	5.3 STREET ADDRESS		
CITY-ST-ZIP	\$65		5.4 CITY-ST-ZIP		
TITLE	Table 1 to 1 to 1 to 1 to 1 to 1 to 1 to 1 t	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS	The transfer of		6.3 STREET ADDRESS		}

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:

CITY-ST-ZIP

SIGNATURE AND TYPED OR PRINTED TAME OF SHAME OF FIRE OR DIRECTOR

Am 6 1899 (813 289-1817

FILED

Jan 21, 1999 8:00am

:R2E034 (11/98)