

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**PROFIT CORPORATION
ANNUAL REPORT
1996**



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

DOCUMENT # 511741 (1)

1. Corporation Name

RONALD YOGMAN AND ASSOCIATES, INC.



Principal Place of Business

Mailing Address

**5511 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

**5511 CENTRAL AVENUE
ST. PETERSBURG FL 33710**

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt #, etc

26 Suite, Apt #, etc

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

9. Name and Address of Current Registered Agent

**YOGMAN, RONALD H
7800 10TH AVE SOUTH
ST PETERSBURG, FL
33707**

3. Date Incorporated or Qualified

08/23/1976

3a. Date of Last Report

08/07/1995

4. FEI Number

59-1687128

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing

**\$5.00 May Be
Added to Fees**

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes

Yes

No

10. Name and Address of New Registered Agent

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 of type or printed name of registered agent and title of applicant

(NOTE: Registered Agent signature required with initial filing)

DATE

12. OFFICERS AND DIRECTORS

TITLE: PD
NAME: YOGMAN, RONALD H
STREET ADDRESS: 5511 CENTRAL AVE
CITY-ST-ZIP: ST. PETERSBURG FL

TITLE: D
NAME: YOGMAN, CLAIRE
STREET ADDRESS: 7800 10TH AVE SOUTH
CITY-ST-ZIP: ST PETERSBURG, FL 00000

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

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

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

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

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN #2

11 TITLE: [] Change Addition
12 NAME: []
13 STREET ADDRESS: []
14 CITY-ST-ZIP: **33710**

21 TITLE: [] Change Addition
22 NAME: []
23 STREET ADDRESS: []
24 CITY-ST-ZIP: **33707**

31 TITLE: [] Change Addition
32 NAME: []
33 STREET ADDRESS: []
34 CITY-ST-ZIP: []

41 TITLE: [] Change Addition
42 NAME: []
43 STREET ADDRESS: []
44 CITY-ST-ZIP: []

51 TITLE: [] Change Addition
52 NAME: []
53 STREET ADDRESS: []
54 CITY-ST-ZIP: []

61 TITLE: [] Change Addition
62 NAME: []
63 STREET ADDRESS: []
64 CITY-ST-ZIP: []

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Ronald H. Yogman
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7/31/96 (913) 343-3700
DATE AND PHONE NUMBER

CR2E034 (3/96)