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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # 583300

1. Corporation Name

Y. K. C., INC.

Mar 24, 1999 8:00 am Secretary of State

03-24-1999 90025 006 ***150.00



Principal Place of Business Mailing Address						_	\neg	I I MBIMI DISMI IMIME ITIM O ISINA	E 8371 0 8 71 0 1 0 1 0 1	1911 81811 618	11 BIBIT BIBIT	1981
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								 Date Incorporated or Qualife 00/04/1070 	æa			
						_	\dashv	08/24/1978 4. FEI Number			Applied Fo	-
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Suite, Apt.	#, etc.	├ ─┐	Suite, Apr. #, etc.				- [Certificate of Status Desired			Required	21
22		27	City & State					6. Election Campaign Financin			May Be	
City & State	8	\vdash	City & State					Trust Fund Contribution	9 🗆		d to Fees	· [
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	25	29	2. IP	30	J.,,			Personal Property Tax.	anoni you m	Yes	□No	
24	9. Name and Address of Current		ered Agent	1301	Τ_		1	0. Name and Address of Nev	v Registered	Agent	_	\neg
	5. Name and Address of Safety	1109,00	0.00.7.90		81	Name				_		
YARI	Brough, Elvin P.											
	SAN MARCO AVE				82	Street Add		(P.O. Box Number is Not Acce	ptable)			- }
	AUGUSTINE FL 32084				83	_						
ļ	•				\sqcup	_						
}					84	City			FL	85 Z	ip Code	1
44 Purcuant	to the provisions of Sections 607.0502	2 and 60	7 1508 Florida Status	es the a	above-	-named cor	roorat	ion submits this statement for t	he nuroose of	changing	its register	ed
l office or n	registered agent or both in the State (of Florida	a. Such change was a	utnorize	a ov u	ne corpora	tion's	board of directors. I hereby ac-	cept the appoi	ntment as	registered	
agent. I a	m familiar with, and accept the obligat	tions of,	Section 607.0505, Fig	rida Stat	tutes.							
SIGNATURE	Classics and as printed array of registered agen	nt and title if	analizable (NOTE	Registere	d Acent	signature requi	ured whe	en reinstating)	DATE			.
<u> </u>	Signature, typed or printed name of registered agen					signature requ	ared whe	en reinstating) ADDITIONS/CHANGES TO	DATE OFFICERS AI	ND DIREC	TORS IN 1	12
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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 suppliemental 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 this empowered.

Daytime Phone #