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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # 635700

(8)

Y & P CERAMICS, INC.

FILED Apr 27 1998 8:00am Secretary of State

(941)924-2644

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Principal Place of Business Mailing Address					t ichtin guide mich statt abbit namm nett a	Wan dian alan kian	61811 61811 1861	
2106 BISPHA SARASOTA I			2106 BISPHAM ROAD SARASOTA FL 34231			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified		- "
						09/11/1979		
	Place of Business	2a. Mailing Ad	dress			4. FEI Number	_	Applied For
21		26				59-1943136		Not Applicable
Suite, Apt	. #, etc	27				5. Certificate of Status Desired Fee Required		
City & Sta	City & State City & State						☐ Add	00 May 8e led to Fees
Zip			Country	y	8. This corporation owes or has paid the current year Intangible			
24	25 29 30			30	Personal Property Tax due June 30. Yes No			
	9. Name and Address of C	urrent Registered Agei	<u> 11 </u>	81	10. Name and Address of New Registered Agent Name			
YVONNE M. GURBADA				*'	Name			
2106 BISPHAM ROAD				82	Street Ac	reet Address (P.O. Box Number is Not Acceptable)		
SARASOTA FL 34231				63	1			
								7:- 0
				84	1 ' "		FL [11]	Zip Code
11. Pursuant office or agent. I	t to the provisions of Sections 60 registered agent, or both, in the am familiar with, and accept the	7.0502 and 607.1508, Fl State of Florida Such cl obligations of, Section 6	orida Statute lange was au 07.0505, Flor	s, the abovuthorized bride Statute	re-named co y the corpo s.	orporation submits this statement for the puretion's board of directors. I hereby accept	rpose of changing the appointment	ng its registered t as registered
SIGNATURE								
	Signature, typed or printed name of registe		(NOTE:	Registered Ag	eni signatura re	quired when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE	TOPS IN 12
12.		S AND DIRECTORS	DELETE	1,1 TITLE		ADDITIONS/CHANGES TO OFFICE	Chan	
TITLE	VST	_	DELETE	1.2 NAME				
NAME	COLEMAN, PATRICIA C							
STREET ADDRESS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				T ADDRESS			
CITY-ST-ZIP	NOKOMIS, FL 00000		DELETE	1.4 CITY- 2.1 TITLE	ST-ZIP		Chan	nge Addition
TITLE	PD NOONE N	_	OLLLIL	2.7 THLE			O.,	
NAME	GURBADA, YVONNE M				1			
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP	SARASOTA, FL 00000	ــر	DELETE	2.4 City- 3.1 Title	-SI-ZIP		☐ Chan	nge Addition
TITLE		L.,	DECETE	3.2 NAME			L_1 0114	igo
NAME								
STREET ADDRESS	· 				T ADDRESS			
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		DELETE	3.4. CITY- 4.1 TITLE	SI-ZIP		Chan	nge Addition
TITLE	1	L	Detert	4. 2 NAME	.			,
NAME					T ADDRESS			
STREET ADDRESS	' i							
CITY-ST-ZIP	-		DELETE	4.4 CITY - 5.1 TITLE	SI-ZIP		☐ Chan	nge Addition
TITLE		L	,	5.2 NAME				
NAME	1				T ADDRESS			
STREET ADDRESS	'			****				
CITY-ST-ZIP	 	· · · · · · · · · · · · · · · · · · ·	DELETE	5.4 CITY - 6.1 TITLE			☐ Chan	nge Addition
1		_	JULLIL	6.2 NAME				
NAME								
STREET ADDRESS				6.3 STREE	T 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 changid, or on an attachment with an address.