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Secretary of State

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NONPROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 700828

1. Corporation Name

THE YASME FOUNDATION INC

Principal Place of Business

C/O ALLEN HARBACH
2318 SOUTH COUNTRY CLUB ROAD
MELBOURNE FL 32901

Mailing Address

C/O ALLEN HARBACH
2318 SOUTH COUNTRY CLUB ROAD
MELBOURNE FL 32901



2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

3. Date Incorporated or Qualified

04/18/1960

4. FEI Number

94-1628934

Applied For
Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution ☐

\$5.00 May Be
Added to Fees

9. Name and Address of Current Registered Agent

HARBACH, ALLEN B.
2318 SOUTH COUNTRY CLUB ROAD
MELBOURNE FL 32901

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 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS ☐ DELETE

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
VD
MILLS, WAYNE
2045 S. PARK RANCH RD.
JACKSON WY

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
SD
VALLIO, ROBERT B.
18855 SHEFFIELD RD.
CASTRO VALLEY CA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
TD
MCHENRY, CHARLES E.
1612 VIA ESCONDIDO
SAN LORENZO CA

TITLE
NAME
STREET ADDRESS
CITY-STATE-ZIP
☐ DELETE

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☐ DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE PD ☒ Change ☐ Addition

1.2 NAME MILLS, WAYNE

1.3 STREET ADDRESS 2045 S. PARK RANCH RD

1.4 CITY-STATE-ZIP JACKSON, WY

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE VD ☐ Change ☒ Addition

4.2 NAME EPPS, CHARLES K.

4.3 STREET ADDRESS 651 HANDLEY TRAIL

4.4 CITY-STATE-ZIP REDWOOD CITY, CA

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-ZIP

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 617, 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:

R. B. VALLO **RECURO** **ROBERT B. VALLIO** **9 APR 99** **(510) 537-6704**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (11/98)