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May 07 1997 8:00am  
Secretary of State

PROFIT CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # F48206 (9)

1. Corporation Name  
YAEGER & YAEGER, CPA'S, P.A.



Principal Place of Business: 11420 N.KENDALL DR.,STE.106 MIAMI FL 33176  
Mailing Address: 11420 N.KENDALL DR.,STE.106 MIAMI FL 33176-1039

3. Date Incorporated or Qualified: 09/16/1981  
3a. Date of Last Report: 05/01/1996  
4. FEI Number: 59-2140781  
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  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes

2. Principal Place of Business: 21 Suite, Apt. #, etc. 22 City & State: 23 Zip: 24 Country: 25  
2a. Mailing Address: 26 Suite, Apt. #, etc. 27 City & State: 28 Zip: 29 Country: 30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YEAGER, BARBARA J  
11420 N. KENDALL DR.  
SUITE 108  
MIAMI FL 33176

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: \_\_\_\_\_ DATE: \_\_\_\_\_  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
PD	YEAGER, MARK L.	11420 N. KENDALL DR., SUITE 108	MIAMI FL	<input type="checkbox"/>
VPD	YEAGER, BARBARA J.	11420 N. KENDALL DR., SUITE #108	MIAMI FL	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE	Change	Addition
1.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
1.2						
1.3						
1.4						
2.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
2.2						
2.3						
2.4						
3.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2						
3.3						
3.4						
4.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2						
4.3						
4.4						
5.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
5.2						
5.3						
5.4						
6.1				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
6.2						
6.3						
6.4						

14. I do 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 in an attachment with an address.

SIGNATURE: *Mark Yeager* DATE: 4/30/97 (305) 279-4488  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)