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

**PROFIT** CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

### **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # **F48206**

1. Corporation Name

YAEGER & YAEGER, CPA'S, P.A.

Principal Place	of Business									

Mailing Address

# FILED May 05, 1999 8:00 am Secretary of State

05-05-1999 90013 034 \*\*\*150.00



Filliopal Flace of business Maning Address									
11420 N.KENDALL DRSTE.106 Miami Fl 33176		11420 N.KENDALL DR. STE.106 MIAMI FL 33176			DO NOT WRITE IN THIS SPACE				
						3. Date Incorporated or Qualifed			
						09/16/1981			
Principal Place of Business     2a. Mailing Address			ess			4. FEI Number Applied For			
1	·	26				59-2140781 Not Applicable	,		
Suite, Apt. #, etc. Suite, Apt. #, etc. 27			etc.			5. Certifcate of Status Desired   \$8.75 Additional Fee Required			
3	City & State	City & State				6. Election Campaign Financing Trust Fund Contribution Trust Fund Contribution  \$5.00 May Be Added to Fees			
4	Zip Country	Zip Cour 29 30		ntry		8. This corporation owes the current year Intangible Personal Property Tax.			
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent					
	YEAGER, BARBARA J			81	Name				
11420 N. KENDALL DR.			82	Street Address (P.O. Box Number is Not Acceptable)					
SUITE 106 MIAMI FL 33176		83	ı		_				
, , , , , , , , , , , , , , , , , , ,				84	City	FL 85 Zip Code			
11	1. Pursuant to the provisions of Sections 607.0	502 and 607.1508, Florid	la Statutes, the al	bove	-named corpor	ration 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 a	im familiar with, and accept the obligations of, Section 667.	.0000, 1 101102	Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent and title if applicable.	(NOTE: Re	gistered Agent signature req	uired when reinstating)	DATE		<del></del>	
12.	OFFICERS AND DIRECTORS	,	13.	· · · <u>· · · · · · · · · · · · · · · · </u>	CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	PD □ C	DELETE	1.1 TITLE			Change	☐ Addition	
NAME	YAEGER, MARK L.		1.2 NAME					
STREET ADDRESS	AAAAA NI MENDALI DD. CHITT AAA		1.3 STREET ADDRESS		_			
CITY-ST-ZIP	MIAMI FL		1.4 CITY-ST-ZIP		•			
TITLE		DELETE	2.1 TITLE			Change	☐ Addition	
NAME	YAEGER, BARBARA J.		2.2 NAME					
STREET ADDRESS	AAAOO NI MENDANI DO CHITE MAOO		2.3 STREET ADDRESS					
	MIAMI FL		2.4 CfTY-ST-ZIP					
CITY-ST-ZIP TITLE		DELETE	3.1 TITLE	<del></del>		Change	Addition	
NAME			3.2 NAME					
			3.3 STREET ADDRESS					
STREET ADDRESS		l						
CITY-ST-ZIP		DELETE	3.4. CITY-ST-ZIP 4.1 TITLE			Change	Addition	
TITLE		J., L., I.	4.2 NAME		!	_ ,	_	
NAME								
STREET ADDRESS			4.3 STREET ADDRESS					
CITY-ST-ZIP		DELETE	4.4 CITY-ST-ZIP			Change	Addition	
TITLE		JELEIE	5.1 TITLE			Change	☐ X00/00/II	
NAME			5.2 NAME					
STREET ADDRESS			5.3 STREET ADDRESS					
CITY+ST-ZIP			5.4 CITY-ST-ZIP			<del></del>		
TITLE		DELETE	6.1 TITLE		ļ	Change	Addition	
NAME			6.2 NAME					
STREET ADDRESS			6.3 STREET ADDRESS					
CITY-ST-7IP	le de la companya de		6.4 CITY-ST-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 607, Florida Statutes; and that my name appears in officer or director of the corporation Block 12 or Block 13 if chapged,

SIGNATURE: