

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

FILED
Mar 03, 1999 8:00 am
Secretary of State

03-03-1999 90065 013 ***158.75

DOCUMENT # F93000004853

1. Corporation Name

YORK MANAGEMENT & RESEARCH, INC.

Principal Place of Business

1061 EAST INDIANTOWN ROAD
REYNOLDS PLAZA, STE 200
JUPITER FL 33477

Mailing Address

1061 EAST INDIANTOWN ROAD
REYNOLDS PLAZA, STE 200
JUPITER FL 33477

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

10/27/1993

4. FEI Number

22-2229833

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional
Fee Required

6. Election Campaign Financing



\$5.00 May Be
Added to Fees

7. This corporation owes the current year intangible

Personal Property Tax.

Yes

No

9. Name and Address of Current Registered Agent

NICHOLSON, DAVID J
1061 E INDIANTOWN RD
SUITE 200
JUPITER FL 33477

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 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

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

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE V ~~DELETE~~

NAME ORTEPIO, GERARD
STREET ADDRESS 1061 E INDIANTOWN RD, 200
CITY-ST-ZIP JUPITER FL

TITLE V ~~DELETE~~

NAME KESSLER, CAROL B
STREET ADDRESS 12904 PACKWOOD RD.
CITY-ST-ZIP JUNO BEACH FL

TITLE V ~~DELETE~~

NAME NICHOLSON, LEEANNE S
STREET ADDRESS 1060 LAKESHORE DR APT. #204
CITY-ST-ZIP LAKE PARK FL

TITLE PST ~~DELETE~~

NAME NICHOLSON, DAVID J
STREET ADDRESS 1061 E INDIANTOWN RD, SUITE 200
CITY-ST-ZIP JUPITER FL 33477

TITLE Vice President ~~DELETE~~

NAME Mark Yarger
STREET ADDRESS 6690 Inland Court
CITY-ST-ZIP JUPITER, FL 33458

TITLE Vice President ~~DELETE~~

NAME CHRISTOPHER C. Williams
STREET ADDRESS 2047 Normandy Cir
CITY-ST-ZIP WEST PALM BEACH, FL 33409

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE ☒ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE ☒ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE ☐ Change ☒ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE ☐ Change ☒ Addition

6.2 NAME

6.3 STREET ADDRESS

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 Block 12 or Block 13 if changed, or on any attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DAVID J. S. Nicholson

Date

561-743-6733

Daytime Phone #

CR2E034 (11/98)