

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

FILED

Apr 24 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F94000001643 (5)**
1. Corporation Name
YONK CORP.



Principal Place of Business 38 WINE STREET HAMPTON VA 23669	Mailing Address C/O TECH SYSTEMS, INC. 38 WINE STREET HAMPTON VA 23669-4046 US
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3. Date Incorporated or Qualified 03/31/1994	3a. Date of Last Report 03/25/1996
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2. Principal Place of Business 21 6806 TAMMY COURT Suite, Apt. #, etc.	2a. Mailing Address 26 PO Box 50 Suite, Apt. #, etc.
22 City & State 23 BETHESDA, MD	27 City & State 28 CABID JOHN, MD
24 20817-4206 Zip Country	29 20818 Zip Country

4. FEI Number 54-1685707	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent ROACH, MICHAEL J ROOM G-20 400 WEST BAY STREET JACKSONVILLE FL 32202	
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81 Name	85 Zip Code
82 Street Address (P.O. Box Number is Not Acceptable)	FL
83	
84 City	

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 _____
Signatures typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE P	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME YONKOS, JAMES T		1.2 NAME	
STREET ADDRESS 352 ELIZABETH LAKE DRIVE		1.3 STREET ADDRESS	
CITY-ST-ZIP HAMPTON VA 23669		1.4 CITY-ST-ZIP	
TITLE PRESIDENT	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME MARSHALL L. SNEIDERMAN		2.2 NAME	
STREET ADDRESS 6806 TAMMY COURT		2.3 STREET ADDRESS	
CITY-ST-ZIP BETHESDA, MD 20819		2.4 CITY-ST-ZIP	
TITLE SECRETARY	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME LYNNE SNEIDERMAN		3.2 NAME	
STREET ADDRESS 6806 TAMMY COURT		3.3 STREET ADDRESS	
CITY-ST-ZIP BETHESDA, MD 20819		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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, unchanged, or on an attachment with an address.

SIGNATURE: *Marshall L. Sniderman* Date _____ Daytime Phone # _____
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)