


FILE NOW: FILING FEE IS \$61.25

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Mar 19 1997 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1997	 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F94000002883 (6)

1. Corporation Name

YOUTH ENTERPRISES, INC.



Principal Place of Business	Mailing Address
5309 S. FLORISA AVE LAKELAND FL 33813 US	P.O. BOX 7047 LAKELAND FL 33807-7047 US

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified		3a. Date of Last Report	
21 416 Donald St		26		06/01/1994		04/24/1996	
Sulte, Apt. #, etc.		Sulte, Apt. #, etc.		4. FEI Number		Applied For	
22		27		95-6099028		Not Applicable	
City & State		City & State		5. Certificate of Status Desired		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 Lakeland, FL		28		6. Election Campaign Financing Trust Fund Contribution		<input type="checkbox"/> \$5.00 May Be Added to Fees	
Zip		Zip		Country		Country	
24 33813		25 USA		29		30	
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				10. Name and Address of New Registered Agent			
DARLENE F. PALMER 416 DONALD ST LAKELAND FL 33813				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 DARLENE PALMER Darlene Palmer 2-4-97
Signature, printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GORDON, JAMES J		1.2 NAME				
STREET ADDRESS	622 DOUGLAS ST.		1.3 STREET ADDRESS				
CITY-ST-ZIP	CHULA VISTA CA 91910		1.4 CITY-ST-ZIP				
TITLE	V	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	SOERENSON, DALE		2.2 NAME				
STREET ADDRESS	781 B WOODLAWN AVE.		2.3 STREET ADDRESS				
CITY-ST-ZIP	CHULA VISTA CA 91910		2.4 CITY-ST-ZIP				
TITLE	ST	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GORDON, DIANE L		3.2 NAME				
STREET ADDRESS	622 DOUGLAS ST.		3.3 STREET ADDRESS				
CITY-ST-ZIP	CHULA VISTA CA 91910		3.4 CITY-ST-ZIP				
TITLE	DC	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	GUERENA, PHIL REV		4.2 NAME				
STREET ADDRESS	9550 E. OAK ST.		4.3 STREET ADDRESS				
CITY-ST-ZIP	BELLFLOWER CA 90706		4.4 CITY-ST-ZIP				
TITLE	CD	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	WOODEN, ROY		5.2 NAME				
STREET ADDRESS	9550 E. OAK ST.		5.3 STREET ADDRESS				
CITY-ST-ZIP	BELLFLOWER CA 90706		5.4 CITY-ST-ZIP				
TITLE	VPD	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition			
NAME	DARLENE F. PALMER		6.2 NAME				
STREET ADDRESS	416 DONALD ST		6.3 STREET ADDRESS				
CITY-ST-ZIP	LAKELAND FL		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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Darlene Palmer 24 97 1997 148-7224

CR2E037 (9/96)