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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # F9700000617 (7)

YAR PARTNER TWO INC.

FILED Jan 26 1998 8:00am Secretary of State

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Principal Place of Business 285 MADISON AVENUE NEW YORK NY 10017 3. Date Incorpore 10/16 2. Principal Place of Business 28. Mailing Address 28. Mailing Address 3. Date Incorpore 10/16 2. Principal Place of Business 28. Mailing Address 4. FEI Number 11.3-39 Suite, Apt. #, etc. 29. Suite, Apt. #, etc. 21. City & State 29. Country 21. Country 21. Country 22. City & State 29. Suite, Apt. #, etc. 21. City & State 29. Suite, Apt. #, etc. 21. Country 29. Suite, Apt. #, etc. 21. City & State 29. Suite, Apt. #, etc. 21. Country 29. Suite, Apt. #, etc. 21. Country 20. Suite, Apt. #, etc. 21. Country 21. Country 22. Country 23. The Country 24. Suite, Apt. #, etc. 26. Election Camp 1 rust Fund Co. 27. Country 28. This corporation 29. Name and Address of Current Registered Agent 20. Success of Current Registered Agent 20. Name and Address of Current Registered Agent 20. Success of Current Registered Agent Success of Current Registered Agent Current Registered Agent Current Registered Agent Success of Current Registered Agent Registered Agent Success of Current Registered Agent Registered Agent Success of Current Registered Agent Registered Registe					1 1001100 1110 11111 11111 11111)((154) 154)	
					DO NOT WRITE IN THIS SPACE			
					3. Date Incorporated or Qualified			
					10/16/96			
2. Principal P	ace of Business	2s. Mailing Address				ıA I	pplied For	
21		26			13-3929822	No	t Applicable	
Suite, Apt.	#, si c.	Suite, Apt. #, etc.			E. O. William of Chaire Desired	□ \$8.75 <i>i</i>	Additional	
22		27			5. Certificate of Status Desired	Fee Re	quired	
City & State	9	City & State			6. Election Campaign Financing	\$5.00	May Be	
23		28			Trust Fund Contribution	Added t	lo Fees	
Zip	Country	Zip	Country	1	8. This corporation owes or has paid			
24			30		Personal Property Tax due June 3		_ No	
		ent Registered Agent			10. Name and Address of New Regi	istered Agent		
			81	Name				
)	82	Street Ad	dress (P.O. Box Number is Not Acceptable	<u> </u>		
PL	ANTATION FL 33324							
			83					
			84	City		■■ 85 Zip (Code	
				'				
l office or re	e gistered agent, or both, in the Sta	ite of Florida. Such change was	authorized b	y the corpor	rporation submits this statement for the puration's board of directors. I hereby accept	rpose of changing it the appointment as	s registered registered	
-		•						
GIGIARIONE	Signature, typed or printed name of registered of	agent and title if applicable (NO	H Rogistered Ag	ent signature rec		DATE		
					ADDITIONS/CHANGES TO OFFICE			
TITLE		☐ DELETE	1.1 TITLE			☐ Change	Addition	
NAME			1.2 NAME					
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1		[] DELETE				Change	Addition	
STREET ADDRESS								
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TITLE	TASD NICHAEL	☐ DELETE	3.1 T(1) E			Change	☐ Abatton	
NAME	DOLAN, MICHAEL 285 MADISON AVENUE		3.2 NAME					
STREET ADDRESS	NEW YORK NY			T ADDRESS				
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NAME		Opposit	6.2 NAME		-01/27/9801018	2n26		
1 1				T ADDRESS	***150.00	7 O(LO		
STREET ADDRESS			6.4 CITY - 1		<u> ውጥጥ 1 ሩክስ የ ርክስ</u>			
I GILL SILVE I			■ U.4 UI) [' v	J) (II				

14. Thereby 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 roceiver 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 an attachment with an address.

Same to the april was

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YAR PARTNER TWO INC.

NEW YORK NY

CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TiTLE NAME

TITLE

NAME

1,44111								
Principal Place of Business 285 MADISON AVENUE NEW YORK NY 10017			ailing Address					
			285 MADISON AVENUE NEW YORK NY 10017					
							DO NOT WRITE IN THIS SPACE	
							3. Date Incorporated or Qualified	
ļ							10/16/96	
9 Principal 6	Place of Business	28	. Mailing Address				4. FEI Number Applied	Eor.
21	Nacy of Desiriess	26	. Maning Machicol				13-3929822 Not App	
Suite, Apt	# elc.		Suite, Apt. #, etc.				00.75 A 4480	
22		27					5. Certificate of Status Desired Fee Regulred	
City & Sta	te		City & State				6. Election Campaign Financing \$5.00 May I	———
23		28	,				Trust Fund Contribution Added to Fee	
Zip	Country	1-01	Zip	Coun	itry		8. This corporation owes or has paid the current year Intangib	le
24	25	29		30			Personal Property Tax due June 30. Yes No	
	9. Name and Address of Curr	rent Regis	stered Agent		_		10. Name and Address of New Registered Agent	
С	T CORPORATION SYSTEM				B1	Name		
	200 SOUTH PINE ISLAND ROA	D		- I	82 Street Address (P.O. Box Number is Not Acceptable)			
	ANTATION FL 33324	_						
				1	B3			
				-	B4	Cit :	■■ 85 Zip Code	
					84	City	FL 85 Zip Code	
11. Pursuant office or agent. I d SIGNATURE	registered agent, or both, in the Sta am familiar with, and accept the ob	ate of Flori ligations o	da. Such change was if, Section 607.0505, Fl	authorized orida Statu	by ites	the corpora	poration submits this statement for the purpose of changing its regi tion's board of directors. I hereby accept the appointment as regist	slered ered
	Signature, typed or printed name of registered				Ager	nt signature requ	ired when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1	
12.	OFFICERS /	AND DIRE					Addition	
	SHELDON, ALAN			1.2 NAN	1.1 TOLE		Change L	Sutton
NAME	285 MADISON AVENUE					* 5 / W * 0.0		
STREET ADDRESS	NEW YORK NY					ADDHESS		
CITY-ST-ZIP	SATD				.4 CITY - ST - ZIP		Change	Addition
TITLE								100110011
NAME	ABRAMSON, STEPHANIE 285 MADISON AVENUE			2.2 NAMI				
STREET ADDRESS						ADDRESS		
CITY-ST-ZIP	NEW YORK NY		DELETE	2. 4 CIT		T- ZIP	Change	Addition
TITLE	TASO DOLLAR MICHAEL		☐ DELETE	3.1 T(1)		•	L change	NODEDON
NAME	DOLAN, MICHAEL			3.2 NAN				
CYDECT ADDDCCC	I WAS MAINS BY AVENUE			9.2 0 TO	CCT	ADDBERG		

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 roceiver 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 an attachment with an address.

3.4. CITY - ST - 7IP

4.3 STREET ADDRESS 4.4 CITY - \$1 - 7IP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME 5.3 STREET ADDRESS

6.1 TITLE

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