

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

FILED
Apr 01 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **F97000000708 (4)**

1. Corporation Name

ADAM YOUNG INC.

Principal Place of Business

**599 LEXINGTON AVE 47TH FLR
NY NY 10021**

Mailing Address

**599 LEXINGTON AVE 47TH FLR
NY NY 10021**



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

3. Date Incorporated or Qualified

02/10/1997

4. FEI Number

13-1516500

Applied For

Not Applicable

5. Certificate of Status Desired

☐

**\$8.75 Additional
Fee Required**

6. Election Campaign Financing
Trust Fund Contribution

☐

**\$5.00 May Be
Added to Fees**

8. This corporation owes or has paid the current year Intangible
Personal Property Tax due June 30.

☐ Yes

☐ No

9. Name and Address of Current Registered Agent

**YOUNG, ADAM
800 CORP DR #108
FT LAUDERDALE FL 33334**

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 agent is acceptable and filed if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	DC	<input type="checkbox"/> DELETE
NAME	YOUNG, VINCENT	
STREET ADDRESS	%ADAM YOUNG INC, 599 LEXINGTON AVE 47 FLR	
CITY-ST-ZIP	NY NY 10021	

TITLE	DP	<input type="checkbox"/> DELETE
NAME	SCOTT, ARHTUR	
STREET ADDRESS	%ADAM YOUNG INC, 599 LEXINGTON AVE 47 FLR	
CITY-ST-ZIP	NY NY 10021	

TITLE	DT	<input type="checkbox"/> DELETE
NAME	YOUNG, ADAM	
STREET ADDRESS	101 WORTH AVE PH-A	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE	DS	<input type="checkbox"/> DELETE
NAME	YOUNG, MARGARET	
STREET ADDRESS	101 WORTH AVE PH-A	
CITY-ST-ZIP	PALM BCH FL 33480	

TITLE	D	<input type="checkbox"/> DELETE
NAME	YOUNG, RICHARD	
STREET ADDRESS	18 DEER LN	
CITY-ST-ZIP	GREENWICH CT 06830	

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	

2.1 TITLE	Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	

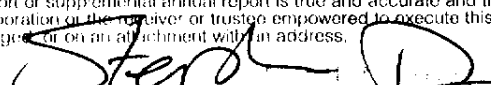
4.1 TITLE	Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	

5.1 TITLE	Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	

6.1 TITLE	Change <input type="checkbox"/> 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 an attachment with an address.

SIGNATURE



3/20/98

(212) 688-5700

CR2E034 (10/97)