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

DOCUMENT # F9800006573 1. Corporation Name

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90123 005 ***150.00

YAHNS,	INC.									
Principal Plac	ce of Business	Mailing Addre	ess					IKK BBARIK ar i	u u tud i diill	(1888 ()() 188 1
8724 ASHBURY		8724 ASHBURY					1			
HUDSON FL 34667 HUDSON FL 34667							DO NOT HOUSE	IN TUIC	CDACE	
							DO NOT WRITE	IN THIS	SPACE	
							3. Date Incorporated or Qualifed			
2. Principal Place of Business 2a. Mailing Address							12/02/1998 4. FEI Number Applied For			
<u> </u>	Place of Business	<u> </u>	├ ─────────				58-1141458		 	Not Applicable
21 Suite, Apt. #, etc.			Suite, Apt. #, etc.					_		Additional
22	. 17 , 610.	— — · · ·	27				5. Certifcate of Status Desired		+ +	Required
City & Sta	te	City & Sta	ate				6. Election Campaign Financing	_	\$5.00	May Be
23		28		_			Trust Fund Contribution	_ ~		to Fees
Zip	Country	Zip		Cou	ntry		8. This corporation owes the curren	year Inta	angible	
24	25	29		30			Personal Property Tax.		Yes	□No
	9. Name and Address of Curr	ent Registered Age	nt				10. Name and Address of New Re	istered A	Agent	
					81	Name				
	RE, CHRISTIANA B				82	Street Ac	Idress (P.O. Box Number is Not Acceptabl	9)		
	ASHBURY DR.			ļ						
HUD	SON FL 34667				83					
					84	City			85 Zip	Code
					[prporation submits this statement for the pu	FL		
12.	Signature, typed or printed name of registered a OFFICERS A	AND DIRECTORS		: Registered	Agen	it signature req	alred when reinstating) ADDITIONS/CHANGES TO OFFICE	DATE CERS AN		
TITLE	P] DELETE	1.1 TIT	ΓLE				☐ Change	Addition
NAME	MOORE, CHRISTIANA B			1.2 NA	ME					
STREET ADDRESS	1			1.3 ST	REET	ADDRESS				
CITY-ST-ZIP	HUDSON FL 34667			1.4 CI	TY-S	T-ZIP				
TITLE] DELETE	2.1 717	ΠLE	}			☐ Change	e
NAME				2.2 NA						
STREET ADDRESS	8			2.3 ST	REET	ADDRESS				
CITY-ST-ZIP	<u> </u>) DELETE	2. 4 C	_	T-ZIP			Change	∋ ∏ Additior
TTILE		L .	DELETE	3.1 Ti						- LI MOUIDOI
NAME		=		3.2 N/					-	
STREET ADDRESS						ADDRESS				
CITY-ST-ZIP			DELETE	3.4. C		ii-ZIP			☐ Change	e Addition
TITLE	1		_ OCTE1E	1					الا الله	
NAME				4.2 N		ADDRESS				
STREET ADDRESS				4.4 CI						
CITY-ST-ZIP				_	11-3	1-4F	i i			
NAME		Т	DELETE	5.1 TF	TLE	ļ			Change Change	e 🔲 Additior
STREET ADDRESS		ξ	DELETE	5.1 TF 5.2 N/		1	<u>'</u>		☐ Chang	e
		C] délete	5.2 NA	ME	T ADDRESS	, , , , , , , , , , , , , , , , , , , ,		☐ Chang	e 🔲 Addition
CITY, OT 7ID	3	C] délete	5.2 NA	ME REE				☐ Chang	e ∏ Additior
CITY+ST-ZIP	3] DELETE	5.2 NA 5.3 ST	ME TY-S				☐ Chang	
TITLE	3			5.2 NA 5.3 ST 5.4 CF	ME TY-S TLE					
TITLE NAME				5.2 N/4 5.3 ST 5.4 CF 6.1 TF 6.2 N/4	TY-S TLE					
TITLE				5.2 N/4 5.3 ST 5.4 CF 6.1 TF 6.2 N/4	TY-S TLE TME	T-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, with all other like empowered.

SIGNATURE: