

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Morham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **G92024** (0)

1. Corporation Name

YATES & FANN, P.A.



Principal Place of Business

**9999 N.E. 2ND AVENUE
SUITE 216
MIAMI SHORES FL 33138**

Mailing Address

**9999 N.E. 2ND AVENUE
SUITE 216
MIAMI SHORES FL 33138**

3. Date Incorporated or Qualified
03/20/1984

3a. Date of Last Report
03/28/1995

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 **P.O. Box 530404**

22 City & State

27 Suite, Apt. #, etc.

28 **Miami, FL**

23 Zip Country

29 **33153-0404** 30 Country

4. FEI Number
59-2399124

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 has liability for intangible tax under s. 199.032,
Florida Statutes ☒ Yes ☐ No

10. Name and Address of New Registered Agent

9. Name and Address of Current Registered Agent

**FANN, WILLIAM F., JR.
9999 N.E. SECOND AVE.
SUITE 216
MIAMI SHORES FL 33138**

81 Name
Fann Jr., William F.
82 Street Address (P.O. Box Number is Not Acceptable)
731 N.E. 95 Street

83
84 City **Miami Shores,** FL 85 Zip Code
33138

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

William F. Fann Jr.

(Print Name of Registered Agent) (Typed Name of Registered Agent)

4-16-96
DATE

12. OFFICERS AND DIRECTORS

TITLE **PD** ☒ DELETE
NAME **YATES, WILLIAM O.**
STREET ADDRESS **17 N.E. 109TH ST.**
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE **SD** ☐ DELETE
NAME **FANN, WILLIAM F JR.**
STREET ADDRESS **9999 N.E. 2 AVE., SUITE 216**
CITY-ST-ZIP **MIAMI SHORES FL**

TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE
NAME
STREET ADDRESS
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TITLE ☐ DELETE
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TITLE ☐ DELETE
NAME
STREET ADDRESS
CITY-ST-ZIP

13.

11 TITLE
12 NAME
13 STREET ADDRESS
14 CITY-ST-ZIP

21 TITLE
22 NAME
23 STREET ADDRESS
24 CITY-ST-ZIP

31 TITLE
32 NAME
33 STREET ADDRESS
34 CITY-ST-ZIP

41 TITLE
42 NAME
43 STREET ADDRESS
44 CITY-ST-ZIP

51 TITLE
52 NAME
53 STREET ADDRESS
54 CITY-ST-ZIP

61 TITLE
62 NAME
63 STREET ADDRESS
64 CITY-ST-ZIP

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

☐ Change ☐ Addition

PSTD ☒ Change ☐ Addition
Fann Jr., William F.
731 N.E. 95 Street
Miami Shores, FL 33138

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: X

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

WILLIAM F. FANN, JR.

4-18-96
Date

305-7545424
Daytime Phone #

CR2E034 (12/95)