

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)**

**APPROVED
AND
FILED**

96 AUG 28 AM 8:48

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PROFIT CORPORATION ANNUAL REPORT 1996



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

900001935219
-08/29/96--01003--001
****225.00 ****225.00

DOCUMENT # **H16408**
1. Corporation Name
YOUTH IMAGES OF NORTH FLORIDA, INC.

Principal Place of Business Mailing Address
**3231-FRED GEORGE RD.
TALLAHASSEE, FL 32303**

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	8-14-84	10-23-95
22. Suite, Apt. #, etc	27. Suite, Apt. #, etc	4. FEI Number	Applied For
22	27	59-2451094	Not Applicable
23. City & State	28. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
24. Zip	29. Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
25. Country	30. Country	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent
**TIMOTHY D. YOHO
3545-A CANGROVE RD APT. A.
TALLAHASSEE, FL 32303**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	
85. Zip Code	FL

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 _____ DATE _____
Signature typed or printed name of registered agent and title if applicable (Print Registered Agent's signature required when record is filed)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1996	
TITLE	PRESIDENT	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MICHAEL G. KOLEFF	12. NAME	
STREET ADDRESS	3813-71ST TERRACE EAST	13. STREET ADDRESS	
CITY-ST-ZIP	SARASOTA, FL.	14. CITY-ST-ZIP	
TITLE	V.P. - MGR.	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TIMOTHY D. YOHO	22. NAME	
STREET ADDRESS	3545-A CANGROVE RD	23. STREET ADDRESS	
CITY-ST-ZIP	TLH, FL 32303	24. CITY-ST-ZIP	
TITLE		31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY-ST-ZIP		34. CITY-ST-ZIP	
TITLE		41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY-ST-ZIP		44. CITY-ST-ZIP	
TITLE		51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY-ST-ZIP		54. CITY-ST-ZIP	
TITLE		61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY-ST-ZIP		64. CITY-ST-ZIP	

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. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall be 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 119, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: **[Signature]** DATE: **8-23-96** **904-562-4827**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CRP2E034 (3/96)