

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

**FILED**  
**Mar 27 1997 8:00am**  
**Secretary of State**

**PROFIT CORPORATION ANNUAL REPORT 1997**



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

**DOCUMENT # H16408 (7)**  
 Corporation Name  
**YOUTH IMAGES OF NORTH FLORIDA, INC.**



Principal Place of Business  
**3231 FRED GEORGE ROAD TALLAHASSEE FL 32303**

Mailing Address  
**3231 FRED GEORGE ROAD TALLAHASSEE FL 32303-2121**

3. Date Incorporated or Qualified  
**08/14/1984**

3a. Date of Last Report  
**08/28/1996**

4. FEI Number  
**59-2451094**

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

21. Principal Place of Business  
 Suite, Apt #, etc.  
 City & State  
 Zip Country

22. Mailing Address  
 Suite, Apt #, etc.  
 City & State  
 Zip Country

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

10. Name and Address of New Registered Agent

81 Name **YOHO, TIMOTHY D.**

82 Street Address (P.O. Box Number is Not Acceptable)  
**4604 - CYPRESS CT.**

83 **TALLAHASSEE**

84 City **FL** 85 Zip Code **32303**

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 filing for, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE *[Signature]* DATE **3-24-97**

Signature typed or printed name of registered agent is not applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

1. TITLE  DELETE  
 NAME **P KOLEFF, MICHAEL G**  
 STREET ADDRESS **3813 71ST TERRACE EAST**  
 CITY - ST - ZIP **SARASOTA FL**

2. TITLE  DELETE  
 NAME **VM YOHO, TIMOTHY D**  
 STREET ADDRESS **3545-A CANGROVE ROAD**  
 CITY - ST - ZIP **TALLAHASSEE FL 32303**

3. TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

4. TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

5. TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

6. TITLE  DELETE  
 NAME  
 STREET ADDRESS  
 CITY - ST - ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE  Change  Addition  
 1.2 NAME  
 1.3 STREET ADDRESS  
 1.4 CITY - ST - ZIP

2.1 TITLE  Change  Addition  
 2.2 NAME **YOHO, TIMOTHY D.**  
 2.3 STREET ADDRESS **4604 - CYPRESS CT.**  
 2.4 CITY - ST - ZIP **TLLH, FL. 32303**

3.1 TITLE  Change  Addition  
 3.2 NAME  
 3.3 STREET ADDRESS  
 3.4 CITY - ST - ZIP

4.1 TITLE  Change  Addition  
 4.2 NAME  
 4.3 STREET ADDRESS  
 4.4 CITY - ST - ZIP

5.1 TITLE  Change  Addition  
 5.2 NAME  
 5.3 STREET ADDRESS  
 5.4 CITY - ST - ZIP

6.1 TITLE  Change  Addition  
 6.2 NAME  
 6.3 STREET ADDRESS  
 6.4 CITY - ST - ZIP

14. I do 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: *[Signature]* DATE **3-24-97** **9045624877**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Output: Form 8

CR2E034 (9/96)