

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 # **H34772** (4)  
1. Corporation Name  
**YVWZX CORPORATION**



Principal Place of Business Mailing Address  
**2575 CR 220, STE 107**  
**4215 SOUTHPOINT BLVD, SUITE 100**  
**MIDDLEBURG FL 32068**  
**US**

3. Date Incorporated or Qualified **12/17/1984** 3a. Date of Last Report **04/24/1995**  
4. FEI Number **59-2490985** Applied For  
Not Applicable  
5. Certificate of Status Desired ☐ **\$8.75 Additional**  
**Fee Required**  
6. Election Campaign Financing ☐ **\$5.00 May Be**  
**Added to Fees**  
8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Country  
24 Zip 25 Country 29 Zip 30 Country

9. Name and Address of Current Registered Agent

**ANSBACHER, LEWIS**  
**4215 SOUTPOINT BLVD**  
**SUITE 100**  
**JACKSONVILLE FL 32216**

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 registered agent and title, if applicable

(NOTE: Registered Agent signature required when registering)

(DATE)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	AS <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ANSBACHER, LEWIS</b>	1.2 NAME	
STREET ADDRESS	<b>4215 SOUTHPOINT BLVD</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	1.4 CITY-ST-ZIP	
TITLE	PT <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SASSARD, CHERYL</b>	2.2 NAME	
STREET ADDRESS	<b>4215 SOUTHPOINT BLVD</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>JACKSONVILLE FL</b>	2.4 CITY-ST-ZIP	
TITLE	DV <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MENARD, JAMES</b>	3.2 NAME	
STREET ADDRESS	<b>2575 COUNTY ROAD, 220</b>	3.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	3.4 CITY-ST-ZIP	
TITLE	DSV <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>COLLEDGE, SHEPHERD</b>	4.2 NAME	
STREET ADDRESS	<b>2575 COUNTY ROAD, 220</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	4.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MORRIS, SHELDON</b>	5.2 NAME	
STREET ADDRESS	<b>2575 COUNTY ROAD, 220</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>MIDDLEBURG FL</b>	5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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(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:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-2-96

904-222-5405

DATE

OFFICE PHONE #

CP2E034 (12/95)