

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

FILED

Feb 13 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **H34772**

(4)

1. Corporation Name

YWZX CORPORATION

Principal Place of Business

**2575 CR 220, STE 107
4215 SOUTHPOINT BLVD, SUITE 100
MIDDLEBURG FL 32068
US**

Mailing Address

**2575 CR 220, STE 107
4215 SOUTHPOINT BLVD, SUITE 100
MIDDLEBURG FL 32068-6542
US**

2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

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

3. Date Incorporated or Qualified

12/17/1984

3a. Date of Last Report

04/08/1996

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

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's signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **AS** ☐ DELETE

NAME **ANSBACHER, LEWIS**

STREET ADDRESS **4215 SOUTHPOINT BLVD**

CITY- ST- ZIP **JACKSONVILLE FL**

TITLE **PT** ☐ DELETE

NAME **SASSARD, CHERYL**

STREET ADDRESS **4215 SOUTHPOINT BLVD**

CITY- ST- ZIP **JACKSONVILLE FL**

TITLE **DV** ☐ DELETE

NAME **MENARD, JAMES**

STREET ADDRESS **2575 COUNTY ROAD, 220**

CITY- ST- ZIP **MIDDLEBURG FL**

TITLE **DSV** ☐ DELETE

NAME **COLLEDGE, SHEPHERD**

STREET ADDRESS **2575 COUNTY ROAD, 220**

CITY- ST- ZIP **MIDDLEBURG FL**

TITLE **D** ☐ DELETE

NAME **MORRIS, SHELDON**

STREET ADDRESS **2575 COUNTY ROAD, 220**

CITY- ST- ZIP **MIDDLEBURG FL**

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

2.3 STREET ADDRESS

2.4 CITY- ST- ZIP

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: *James D. Menard*

2/10/97

914-222-5405

CR2E034 (9/96)