

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

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # 1. Corporation Name YARBOROUGH PROPERTIES CORPORATION	H 36561
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Principal Place of Business 296 BUTTWOOD DRIVE P.O. Box 166 KEY LARGO FL 33037	Mailing Address P.O. Box 166 KEY LARGO FL 33037
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2. Principal Place of Business 21 296 BUTTWOOD DRIVE 22 P.O. Box 166 23 KEY LARGO FL. 24 33037	2a. Mailing Address 25 296 BUTTWOOD DRIVE 26 P.O. Box 166 27 KEY LARGO FL. 28 33037 29 MONROE 30 MONROE
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9. Name and Address of Current Registered Agent BETTY YARBOROUGH 296 BUTTWOOD DR. PO BOX 166 KEY LARGO, FL 33037	81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code
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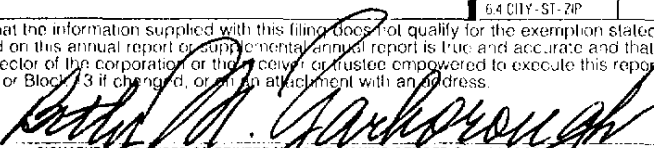
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE _____
(NOT: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS	
TITLE	S/D ☒ DELETE
NAME	DAVID YARBOROUGH
STREET ADDRESS	5800 RODMAN STREET, Hollywood FL
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	☐ DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	PSTD ☐ Change ☐ Addition
1.2 NAME	BETTY YARBOROUGH
1.3 STREET ADDRESS	296 BUTTWOOD DRIVE
1.4 CITY - ST - ZIP	KEY LARGO FL 33037
2.1 TITLE	300002223273 ☐ Change ☐ Addition
2.2 NAME	
2.3 STREET ADDRESS	-06/25/97--01120--009
2.4 CITY - ST - ZIP	****165.00 ****165.00
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:  6-10-97
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

FILED

97 JUN 23 AM 11:13

SECRETARY OF STATE
TALLAHASSEE FLORIDA

CR2E034 (9/96)