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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90167 048 ***150.00

| DOCUN 1. Corporation YAYA'S, | | | | | | | | |
|---|---|-----------------------------------|---|---------------------|--|----------------------|--|------------------|
| Principal Place | of Business | Mailing Address | | | | iti iddi aratı d | T ä tt bik it aratt a | illit dinte innt |
| 8999 PARK BLVD 6950 CENTRAL AVENUE LARGO FL 33777 SUITE #140 US ST. PETERSBURG FL 33707 US | | | | | DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualifed 03/28/1985 | | | |
| Principal Place of Business 2a. Mailing Address | | | | | 4. FEI Number | | App | olied For |
| 21 | | 26 | | <u>59-2527475</u> | 9-2527475 Not App | | Applicable | |
| Suite, Apt. #, etc. Suite, Apt. #, etc. | | | | | - 5. Certificate of Status Desired | | \$8.75 A | |
| 27 | | | | | | | Fee Re | · |
| City & State City & State | | | | | 6. Election Campaign Financing | | \$5.00 \(\text{Added to} \) | |
| 23 | 28 | | | | Trust Fund Contribution | | | o rees |
| Zip | Country 25 | Zip Cour 30 | | | This corporation owes the curre Personal Property Tax. | епт уваг пп | | □No |
| 29 | 9. Name and Address of Current | | <u>'</u> | | 10. Name and Address of New R | Registered | Agent | |
| MCNAMARA & ASSOC., P.A. 6950 CENTRAL AVENUE SUITE #140 ST. PETERSBURG FL 33707 | | | 81 82 83 | Name Street Addr | ess (P.O. Box Number is Not Accepta | able) | | |
| agent. I ai | to the provisions of Sections 607.0502 egistered agent, or both, in the State on familiar with, and accept the obligati | ons of, Section 607.0505, Florida | a Statutes | | oration submits this statement for the on's board of directors. I hereby accept dwhen reinstating) | purpose of the appoi | 85 Zip C changing its intment as rec | |
| 12. | OFFICERS AND | | 13. | | ADDITIONS/CHANGES TO OF | FICERS AN | ND DIRECTO | RS IN 12 |
| TITLE | PSD | ☐ DELETE | 1.1 TITLE | | | | ☐ Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | CHINONIS, JOHN D. 6009 PLANTATION AVE GRAND BLANC MI | | 1.2 NAME 1.3 STREET 1.4 CITY-S | | | | | |
| TILE | V . | ☐ DELETE | 2.1 TITLE | | | | Change | ☐ Addition |
| NAME STREET ADDRESS CITY-ST-ZIP | CHINONIS, GUS C 9581 BURNING TREE DR GRAND BLANC MI | | 2.2 NAME 2.3 STREET 2. 4 CITY-S | | * 25 <u>1</u> | . , | | - |
| TITLE NAME STREET ADDRESS | | ☐ DELETE | | ADDRESS | | | Change | Addition b |
| TITLE NAME STREET ADDRESS | | ☐ DELETE | 3.4. CITY-S 4.1 TITLE 4. 2 NAME 4.3 STREET | TADORESS | | | Change | ☐ Addition |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS | | ☐ DELETE | 4.4 CITY-S' 5.1 TITLE 5.2 NAME 5.3 STREE | T-ZIP | | | Change | Addition |
| CITY-ST-ZIP TITLE NAME | | ☐ DELETE | 5.4 CITY-S' 6.1 TITLE 6.2 NAME | | | | ☐ Change | Addition |

CITY-ST-ZIP 14. I 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, with all other like empowered.

6.4 CITY-ST-ZIP

SIGNATURE:

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR