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PROFIT CORPORATION ANNUAL REPORT



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

1996

DOCUMENT # H68006 (6) 1. Corporation Name Y.S.I., INCORPORATED								
trincipal Place c C/O TONY YA 3295 SE DIXIE	ACOVETTI E HWY.	Mailing Address C/O TONY YACOVETT 3295 SE DIXIE HWY.	•			1111 1341 134	11 1111 11 1 1111 1	1459 BIBNI 1888
STAURT FL 34	4997	STAURT FL 34997			3. Date Incorporated or Qualified 07/24/1985		of Last Re 1/24/199	
Principal Plac	ne of Business	2a. Mailing Address			4. FEI Number			pplied For
		26			59-2547317			lot Applicable
Suite, Apt. #	, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired			Additional leguired
City & State		City & State			6. Election Campaign Financing	FT3		May Be
<u> </u>		28			Trust Fund Contribution		Added	lo Fees
Zip J	Country 25	7(p	Coun 30	try	This corporation has liability for Florida Statutes	intangible ta : 🔲 No	ax under s	199.032,
1	9. Name and Address of Curr		1301		10. Name and Address of New F		Agent	
				Name				
YACOVETTI, ANTHONY			82 Street Add		ess (P.O. Box Number is Not Acceptal	ole)		
	DIXIE HWY. FL 34997			33				
STUART	FL 34997						11	
			1	34 City		FL	. 85 Zip	Code
DICALATA IDE		ection 607.0505, Florida Statutes) .		rd of directors. I hereby accept the app			
12.		port and tile if applicable INC AND DIRECTORS	DIE: Registeren /	gent signature require		DATE FICERS AND		
2.	OFFICERS A	you and tile 4 applicable (INC	13.	LE	d when reinstating)	DATE FICERS AND	DIRECTO Change	RS IN 12
2. THE	OFFICERS A	port and tile if applicable INC AND DIRECTORS	13. 1 1 TIT	LE	d when reinstating)	DATE FICERS AND		
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SIGNATURE 12. CITE NAME STREET ADDRESS CITY ST-ZIP TITLE NAME STREET ADDRESS	PTD YACOVETTI, TONY 3295 SE DIXIE HWY STUART FL VSD SLOWEY, CHARLES D. 4101C E12TH AVE, SUITE	COLLETE COLLETE	13. 1 1 TH 12 NAI 1 3 STF 1 4 CH 2 1 TH 2 2 NAI 2 3 STF 2 4 CH 3 1 TH 3 2 NA 4 CH 4 1 TH 4 2 NA 4 3 STF 4 4 CH 5 1 TH 5 2 NA 6 3 STF 6 1 TH 6 2 NA 6 3 STF 6 1 TH 6 2 NA 6 3 STF	LE ME ME ME ME ME ME ME ME ME	d when reinstating;	DATE FICERS AND	Change Change Change	Addition Addition Addition Addition

certify that the information indicated on this armost report or supplemental armost report is true and accurate and that my signature shall have the same egal effect as in 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 Book 13 if changed, or on an attachment with an address.

SIGNATURE:

Anthony Yacovetti

1-30-96

407-286-3526

Deytime Phone #