

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # H90826

(9)

1. Corporation Name

MICHAEL T. YEARY ENTERPRIZES INC.

Principal Place of Business

1530 NW 26TH AVE
POMPANO BEACH FL 33061

Mailing Address

1530 NW 26TH AVE
POMPANO BEACH FL 33061



2. Principal Place of Business

21

Subsidiary, etc.

22

City & State

23

Zip

Country

24

25

2a. Mailing Address

26

Subsidiary, etc.

27

City & State

28

Zip

Country

29

30

9. Name and Address of Current Registered Agent

YEARY, MICHAEL T.
1530 NW 26TH AVE
POMPANO BEACH FL 33060

3. Date Incorporated or Qualified
12/19/1985

3a. Date of Last Report
05/01/1995

4. FEI Number

59-2622388

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. 190.032,
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 607.0002 and 607.1503, 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 607.0003, Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

MILARSKY, JACOB
1530 N.W. 26TH AVENUE
POMPANO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

P

YEARY, MICHAEL T.
1530 N.W. 26TH AVENUE
POMPANO BEACH FL

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

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NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

☐ DELETE

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE

12 NAME

13 STREET ADDRESS

14 CITY-ST-ZIP

21 TITLE

22 NAME

23 STREET ADDRESS

24 CITY-ST-ZIP

31 TITLE

32 NAME

33 STREET ADDRESS

34 CITY-ST-ZIP

41 TITLE

42 NAME

43 STREET ADDRESS

44 CITY-ST-ZIP

51 TITLE

52 NAME

53 STREET ADDRESS

54 CITY-ST-ZIP

61 TITLE

62 NAME

63 STREET ADDRESS

64 CITY-ST-ZIP

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

☐ Change ☐ Addition

14. I do hereby certify that the information supplied with this report is voluntarily furnished and does not qualify for the exemption stated in Section 190.03(3)(b), Florida Statutes. I further certify that the information included in this annual report or statement of 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 authorized officer 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 added and in Block 14 with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)