

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY 11 AM 10:58

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K09422** (2)

1. Corporation Name
Y.H.M. COMPANY, INC.

Principal Place of Business

Mailing Address

% JEFFREY J. URCAN
7324 COMMERCIAL CIR.
FT. PIERCE FL 34951

% JEFFREY J. URCAN
7324 COMMERCIAL CIR.
FT. PIERCE FL 34951

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/04/1987	3a. Date of Last Report 05/27/1994
4. FEI Number 06-1089032	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for filing late for under § 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

2. Principal Place of Business	2a. Mailing Address
21. State Apt # et.	26. State Apt # et.
22. City & State	27. City & State
24. Zip	30. Zip

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
URCAN, KIMBERLY 7324 COMMERCIAL CIR. FT. PIERCE FL 34951		B1. Name	
		B2. Street Address (P.O. Box Number is Not Acceptable)	
		B3. City	
		B4. City	FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.0507 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 607.0509, Florida Statutes.

SIGNATURE: _____ (Signature of Registered Agent) _____ (Signature of Registered Agent)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 NAME: D URCAN, JEFFREY J.	12.2 STREET ADDRESS: 1205 FLEETWOOD LANE FT. PIERCE FL	13.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.3 NAME: TD URCAN, KIMBERLY S.	12.4 STREET ADDRESS: 1205 FLEETWOOD LANE FT. PIERCE FL	13.2 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.5 NAME:	12.6 STREET ADDRESS:	13.3 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.7 NAME:	12.8 STREET ADDRESS:	13.4 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.9 NAME:	12.10 STREET ADDRESS:	13.5 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.11 NAME:	12.12 STREET ADDRESS:	13.6 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and that I am not entitled to the exemption stated in law from 199.032(1)(b), Florida Statutes. I further certify that the information indicates that 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. I have an office or director of the corporation or the removal of funds empowered to execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 1, or Block 1a of the report, or on an attached board with an address.

SIGNATURE: *Kimberly Urcan*
SIGNATURE AND TYPED OR PRINTED NAME OF HOLDING OFFICER OR DIRECTOR
Kimberly URCAN
Treasurer 5/8/95 407-466-8882