

1999 AMENDED



DIVISION OF CORPORATIONS

1. Corporation Name

YELLOW STRAWBERRY WEST, INC.

FILED

99 JUN 30 AM 8:57

DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Principal Place of Business	Mailing Address
1007 E. Las Olas Blvd. Ft. Lauderdale, FL 33301	1007 E. Las Olas Blvd. Ft. Lauderdale, FL 33301

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 5/11/88

2. Principal Place of Business		2a. Mailing Address	
21	1007 E. Las Olas Blvd. Suite, Apt. #, etc.	26	1007 E. Las Olas Blvd. Suite, Apt. #, etc.
22	City & State Ft. Lauderdale, FL	27	City & State Ft. Lauderdale, FL
23	Zip 33301	28	Zip 33301
25	Country USA	29	Country USA

4. FEI Number 65-0059356	Applied For
	Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>	\$5.00 May Be Added to Fees
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8. This corporation owes the current year Intangible
Personal Property Tax. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

Jesse L. Briggs
1007 E. Las Olas Blvd.
Ft. Lauderdale, FL 33301

81	Name	William R. Clayton, Esq.		
82	Street Address (P.O. Box Number is Not Acceptable)	100 S.E. 2nd St.		
83		17th FL		
84	City	Miami	FL	85 Zip Code 33131

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE 11/11/11

12. OFFICERS AND DIRECTORS

TITLE	Director
NAME	Jesse L. Briggs
STREET ADDRESS	1007 E. Las Olas Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301

TITLE	Director
NAME	Blanca F. Briggs
STREET ADDRESS	1007 E. Las Olas Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301

TITLE	Director
NAME	Denise Briggs
STREET ADDRESS	1007 E. Las Olas Blvd.
CITY-ST-ZIP	Ft. Lauderdale, FL 33301

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY- ST- ZIP	

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
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1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	600002927486--1
1.3 STREET ADDRESS	-07/09/99--01074--007
1.4 CITY - ST - ZIP	61.25 61.25

2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	

3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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	<input type="checkbox"/> Change	<input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

JESSE BRIGGS, DIRECTOR

4-12-89

Date _____

Daytime Phone # _____