FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

APPROVED AND FILED

95 MAY -1 AM 8:41

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K64484** **(4)**

1. Corporation Name
YBI DIVERSIFIED, INC.

Principal Place of Business
701 N. FRANKLIN, SUITE 300/33602
P. O. BOX 172307
TAMPA FL 33672-0307

Mailing Address
701 N. FRANKLIN, SUITE 300/33602
P. O. BOX 172307
TAMPA FL 33672-0307

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/09/1989
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business — 21
Suite, Apt. #, etc. — 22
City & State — 23
Zip — 24 Country — 25

2a. Mailing Address — 26
Suite, Apt. #, etc. — 27
City & State — 28
Zip — 29 Country — 30

4. FEI Number: 59-2931331 — Applied For ☐ Not Applicable ☐

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

6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

BARRETT, CHARLES
701 N. FRANKLIN
SUITE 300
TAMPA FL 33602

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 607.0502 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 resigning) — DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, RONALD H.	1.2 NAME	
STREET ADDRESS	14524 NETTLE CREEK RD.	1.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	1.4 CITY ST ZIP	
TITLE	D	2.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, BELLE	2.2 NAME	
STREET ADDRESS	40 MICHELL CIRCLE	2.3 STREET ADDRESS	
CITY ST ZIP	OLDSMAR FL	2.4 CITY ST ZIP	
TITLE	D	3.1 TITLE	☐ Change ☐ Addition
NAME	GOLDSTEIN, YOLANDA	3.2 NAME	
STREET ADDRESS	14524 NETTLE CREEK RD.	3.3 STREET ADDRESS	
CITY ST ZIP	TAMPA FL	3.4 CITY ST ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST ZIP	

14. I do hereby certify that the information supplied with this filing is complete, accurate and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. Further, I certify that the information indicated on this 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 above, or on an attached sheet with an address.

SIGNATURE: 4/28/95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0444021 FP