FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Apr 03 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** (0)YEEND CORPORATION Mailing Address Principal Place of Business 1109 S CONGRESS AVE 1109 \$ CONGRESS AVE WEST PALM BEACH FL 33406 WEST PALM BEACH FL 33406 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 10/30/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0150291 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Zip Country Country This corporation owes or has paid the current year Intangible 24 Personal Property Tax due June 30. ☐ No 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name 81 YEEND, JOHN M 1109 SOUTH CONGRESS AVE 82 Street Address (P.O. Box Number is Not Acceptable) **WEST PALM BEACH FL 33406** 83 RA City 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 reinstating) CR2E034 (10/97 OFFICERS AND DIRECTORS 12. 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 DELETE Change 1.1 TITLE TITLE YEEND, JOHN NAME 1.2 NAME 1564 WOODS BEND RD STREET ADDRESS 1.3 STREET ADDRESS WEST PALM BEACH FL CITY-ST-ZIP 1.4 CITY - ST- ZIP DILETE Change Addition TITLE 2.1 117LE PAJENSK, LORI NAME 2.2 NAME 1027 AVIARY RD STREET ADDRESS 2.3 STREET ADDRESS WELLINGTON FL CITY-ST-ZIP 2. 4 CITY-\$1-ZIP DELETE Change Addition TITLE 3.1 TITLE CASTANEDA, CARLOS R 32 NAME 1109 S CONGRESS AVE STREET ADDRESS 3.3 STREET ADDRESS WEST PALM BEACH FL 33406 CITY - ST - ZIP 3.4. CITY - ST - ZIP Addition TITLE DELETE 4.1 TITLE Change KEELI LOGAN NAME 4. 2 NAME 1109 S. CONGROSS AV STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST- ZIP DELETE Change Addition TITLE 5.1 TITLE 5.2 NAME NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY - S1 - ZIP DELETE Change Addition TITLE 61 TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CITY-ST-ZIP

14. Thereby 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 eath; that I am an officer or director of the corporation or the receiver or fursities empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 13 if changed or on an attachment with an address.

65000

لدلان

3-31-98

FILED

561-642-4200