

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT CORPORATION ANNUAL REPORT 1995



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

APPROVED AND FILED

95 JUL -5 AM 9:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # L46423 (4)
 1. Corporation Name
M. YOUNG ENTERPRISES, INC.

Principal Place of Business: **2202 HERNDON ST DOVER FL 33527-9787**
 Mailing Address: **2202 HERNDON ST DOVER FL 33527-9787**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 01/26/1990	3a. Date of Last Report 04/19/1994
21 State, Apt. #, etc.	22 City & State	26 State, Apt. #, etc.	27 City & State	4. FEI Number 59-2987826	Applied For Not Applicable
24 Zip	25 County	28 Zip	29 County	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
9. Name and Address of Current Registered Agent				6. Election Campaign Financing Trust Fund Contributor <input type="checkbox"/>	
YOUNG, MARK 2202 HERNDON ST DOVER FL 33527				6. This corporation has liability for intangible tax under s. 193.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	
				10. Name and Address of New Registered Agent	
				81 Name	
				82 Street Address (P.O. Box Number is Not Acceptable)	
				83	
				84 City	
				85	Zip Code
				FL	

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 of current registered agent and the filer) DATE: _____ (Date of filing)

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD YOUNG, MARK 2202 HERNDON ST DOVER FL	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2. NAME	
STREET ADDRESS		3. STREET ADDRESS	
CITY, ST, ZIP		4. CITY, ST, ZIP	
TITLE	VST YOUNG, SUSAN 2202 HERNDON ST DOVER FL	5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6. NAME	
STREET ADDRESS		7. STREET ADDRESS	
CITY, ST, ZIP		8. CITY, ST, ZIP	
TITLE	D YOUNG, SUSAN 2202 HERNDON ST DOVER FL	9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		10. NAME	
STREET ADDRESS		11. STREET ADDRESS	
CITY, ST, ZIP		12. CITY, ST, ZIP	
TITLE		13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		14. NAME	
STREET ADDRESS		15. STREET ADDRESS	
CITY, ST, ZIP		16. CITY, ST, ZIP	
TITLE		17. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		18. NAME	
STREET ADDRESS		19. STREET ADDRESS	
CITY, ST, ZIP		20. CITY, ST, ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption of that information from the provisions of Florida Statutes, Chapter 119, Florida Statutes, which require that certain officers or directors of the corporation or the receiver or trustee empowered to exercise this report as required by Chapter 119, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an individual with an address.

SIGNATURE: *Mark W. Young* Pres. 6-29-95 813-614-0070
 SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

CR2E034 (3/95)