

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1996**



FLORIDA DEPARTMENT OF STATE  
Sandra R. Mortimer  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # **L81844**

(7)

1. Corporation Name

**YOGI CORPORATION**



Principal Place of Business

US 90 WEST  
GLEASONS MALL BOX E2  
LAKE CITY FL 32056  
US

Mailing Address

US 90 WEST  
GLEASONS MALL BOX E2  
LAKE CITY FL 32056  
US

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

29

9. Name and Address of Current Registered Agent

**PATEL, PRAKASH  
RT 15 BOX 2338  
LAKE CITY FL 32055**

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 607.0602 and 607.1504, 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 607.0605, Florida Statutes.

SIGNATURE

12. OFFICERS AND DIRECTORS

|                |                           |                                 |
|----------------|---------------------------|---------------------------------|
| TITLE          | P                         | <input type="checkbox"/> DELETE |
| NAME           | <b>PATEL, PRAKASH D</b>   |                                 |
| STREET ADDRESS | <b>RT. 15 BOX 2338</b>    |                                 |
| CITY-STATE-ZIP | <b>LAKE CITY FL</b>       |                                 |
| TITLE          | ST                        | <input type="checkbox"/> DELETE |
| NAME           | <b>PATEL, BHUPENDRA D</b> |                                 |
| STREET ADDRESS | <b>1258 BONNER AVE</b>    |                                 |
| CITY-STATE-ZIP | <b>FREMONT CA</b>         |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-STATE-ZIP |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-STATE-ZIP |                           |                                 |
| TITLE          |                           | <input type="checkbox"/> DELETE |
| NAME           |                           |                                 |
| STREET ADDRESS |                           |                                 |
| CITY-STATE-ZIP |                           |                                 |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

|                    |                                                                   |
|--------------------|-------------------------------------------------------------------|
| 1. TITLE           | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 2. NAME            |                                                                   |
| 3. STREET ADDRESS  |                                                                   |
| 4. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5. TITLE           |                                                                   |
| 6. NAME            |                                                                   |
| 7. STREET ADDRESS  |                                                                   |
| 8. CITY-STATE-ZIP  | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 9. TITLE           |                                                                   |
| 10. NAME           |                                                                   |
| 11. STREET ADDRESS |                                                                   |
| 12. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 13. TITLE          |                                                                   |
| 14. NAME           |                                                                   |
| 15. STREET ADDRESS |                                                                   |
| 16. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 17. TITLE          |                                                                   |
| 18. NAME           |                                                                   |
| 19. STREET ADDRESS |                                                                   |
| 20. CITY-STATE-ZIP | <input type="checkbox"/> Change <input type="checkbox"/> Addition |

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(4)(g), 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 file this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or in an attachment with an address.

SIGNATURE:

*[Signature]*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-2886 904-755-5571

Date

By [Signature]

CR2E034 (12/95)