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

**PROFIT** CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

**DOCUMENT # L91632** 

(4)

Y.L.B. INVESTMENT, INC.

**FILED** 

Apr 04 1997 8:00am

Secretary of State

Principal Place of Business 50 NORTH LAURA ST 3400 BARNETT CENTER JACKSONVILLE FL 32202		Mailing Address 50 NONTH LAURA ST 3400 BARNETT CENTER JACKSONVILLE FL 32202-3884						
					<ol> <li>Date Incorporated or Qualified 08/02/1990</li> </ol>	alified 3a. Date of Last Report 03/14/1996		
2. Principa Place of Business 21 <b>3</b> 501 W. Vino	<i>-</i>	2a. Mailing Address 26   3 SO   W. Vi.	<+		4. FEI Number NOT APPLICABLE		<del></del>	oplied For
Charter Acrit 41 catas		Suite, Apt. #, etc.			5. Certificate of Status Desired			ot Applicable Additional
22 <i>5.11 &amp; 382</i> City & State		27 S. 1+4 3 8 City & State	32_					equired
23 Kissimma		28 Kissimi	nee,	F1	6. Election Campaign Financing Trust Fund Contribution			May Be to Fees
			30 U	ntry 1524	8. This corporation has liability for	or intangible		199.032
24 25 g, Name and	Address of Current R	29 <i>34741</i> egistered Agent	30 0		10 Name and Address of New I			
COPRORATION INF	ORMATION SERVICE			81 Name Ja	11. 6.1+2			
1201 HAYS STREET				82 Street Add	hn Schwartz dress (P.O. Box Number is Not Accept	able)		
TALLAHASSEE FL 32301				350	1 W. Vine 54.			
				83 50:	te 382			
				84 City 1	clim new	FL	85 Zip	Code (71/
11. Pursuant to the pygasions	of Sections 607.0502 a	nd 607,1598, Florida Statu	utes, the at	ove-named cor	poration submits this statement for the ation's board of directors. I hereby according	purpose of	changing if	ts registered
off-ce or registerrid agent agent. Lam fanysar wijh, a	or botW in the State of I nd agoupt the obligation	Florida. Such change was ns of, Section 607.0505, F	s authorize: Florida Stat	d by the corpora utes.	ation's board of directors. I hereby acc	ept the app	ointment as	registered
SIGNATURE / W//				١.		3/20	197	,
Signaly et typical or per	nted i dive of registereologen) at OFFICERS (ND D		OTE: Registeres	Agent signature requ	ulred when reinstating) ADDITIONS/CHANGES TO OFF	DATE	DIBECTOL	70 IN 10
PSTO	OFFICE NO INDIA	DELETE	1.1 70	LE	ADDITIONS/CHANGES TO OF	TOENS AND	Change	Addition
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01/2 (1.2.)								

14. I do 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 conversation 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 for an attachment with an address.

PED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

SIGNATURE: