APR-30-98 THU 02:49 PM JACOBSON LAW GROUP FAX NO. 1 954 961 1600 P. 01

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

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May 22 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998

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

DOCUMENT # L96424 (1)

1. Corporation Name
YETI, INC.

Principal Place of Business	Mailing Address
2225 S. UNIVERSITY DRIVE SUITE 204 DAVIE FL 33324 US	C/O 3363 SHERIDAN STREET SUITE 204 HOLLYWOOD FL 33021

3. Date Incorporated or Qualified: 08/29/1990
3a. Date of Last Report: 05/01/1996
4. FEI Number: 65-0213399 ☐ 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

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

2a. Mailing Address
26 P.O. Box 19359
Suite, Apt. #, etc.
27 ____
City & State
28 Plantation, FL
Zip 29 33318 Country 30 ____

9. Name and Address of Current Registered Agent
JACOBSON, JAMES CARY
3363 SHERIDAN STREET, SUITE 204
HOLLYWOOD FL 33021

10. Name and Address of New Registered Agent
81 Name: James Cary Jacobson
82 Street Address (P.O. Box Number is Not Acceptable): 8251 W. Broward Blvd
83 Suite 401
84 City: Plantation FL 85 Zip Code: 33324

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 ____________________ DATE ________
(Signature, typed or printed name of registered agent and title if applicable.) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, CHERYL		1.2 NAME	
STREET ADDRESS	% 3363 SHERIDAN ST.,#204		1.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		1.4 CITY-ST-ZIP	
TITLE	VT	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	LEVINE, STEPHEN		2.2 NAME	
STREET ADDRESS	% 3363 SHERIDAN ST.,#204		2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL		2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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14. I do hereby certify that [illegible] with this filing does not qualify for the exemption stated in Section [illegible] Florida Statutes. I further certify that the information [illegible] 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 [illegible] receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name [illegible] attachment with an address.

SIGNATURE: X Cheryl Levine CHERYL LEVINE 954-452-4876