

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 20 PM 4:16

DOCUMENT # M64234

(1)

1. Corporation Name

YAWDOR ENTERPRISES, INC.

Principal Place of Business

700 S. OCEAN BLVD.
APT. #403
BOCA RATON FL 33432

Mailing Address

700 S. OCEAN BLVD.
APT. #403
BOCA RATON FL 33432

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 01/11/1988
3a. Date of Last Report 04/12/1994

4. FEI Number 22-2582589
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

23 City & State

24 Zip Country

2a. Mailing Address

2c Suite, Apt. #, etc

26 City & State

28 Zip Country

9. Name and Address of Current Registered Agent

COONEY, MARGARET M.
700 S. OCEAN BLVD.
APT. #403
BOCA RATON FL 33432

10. Name and Address of New Registered Agent

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 607.0502 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

Margaret M. Cooney

President

3/2/95

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME COONEY, MARGARET M.
STREET ADDRESS 700 S. OCEAN BLVD. #403
CITY, ST, ZIP BOCA RATON FL

TITLE S
NAME COONEY, JOHN D JR
STREET ADDRESS 165 PASSAIC AVE #301
CITY, ST, ZIP FAIRFIELD NJ

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

TITLE
NAME
STREET ADDRESS
CITY, ST, ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY, ST, ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY, ST, ZIP

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY, ST, ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY, ST, ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY, ST, ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 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 stated in Section 110.02(3)(b), 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 execute this report as required by Chapter 107, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Margaret M. Cooney
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER, DIRECTOR

President

3/2/95 201-244-4116
DATE (Day/Mo/Yr)