

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25.)

NONPROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # N23501 (2)

1. Corporation Name

YANA'S PLACE, INC.



Principal Place of Business

Mailing Address

825 E 15TH STREET
P.O. BOX 2116
STUART FL 34996
US

P.O. BOX 2116
STUART FL 34996
US

3. Date Incorporated or Qualified
11/17/1987

3a. Date of Last Report
08/11/1995

2. Principal Place of Business

2a. Mailing Address

21 825 E. 15th St.

26 P.O. Box 2116

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Stuart, FL.

28 Stuart, FL.

Zip

Country

Zip

Country

24 34996

25 U.S.A.

29 34995

30 U.S.A.

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

PREWITT, JOHN E
350 SW 72ND AVENUE
PALM CITY FL 34990

81 Name John Prewitt

82 Street Address (P.O. Box Number is Not Acceptable)

3250 S.W. 72nd AVE.
3250

83

84 City PALM City

FL

85 Zip Code 34990

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE

John E. Prewitt

Signature typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

7-11-96

12. OFFICERS AND DIRECTORS

TITLE VP ☐ DELETE

NAME DEVOR, LEONARD T
STREET ADDRESS 837 E 15TH STREET
CITY - ST - ZIP STUART FL

TITLE PD ☐ DELETE

NAME COX, ROBERT H
STREET ADDRESS 104 NW SPRUCE RIDGE DRIVE
CITY - ST - ZIP STUART FL

TITLE STD ☐ DELETE

NAME DEVOE, MICHELLE
STREET ADDRESS 837 E 15TH STREET
CITY - ST - ZIP STUART FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY - ST - ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME PD

1.3 STREET ADDRESS DeVoe, Leonard E.

1.4 CITY - ST - ZIP 837 E. 15th St. Stuart, FL 34996

2.1 TITLE ☒ Change ☐ Addition

2.2 NAME VPB

2.3 STREET ADDRESS Coy Robert H

2.4 CITY - ST - ZIP 104 NW Spruce Ridge Dr.

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP Stuart, FL

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE ☐ Change ☐ Addition

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 119.07(3)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

Leonard T. Devor

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-11-96 287-0685 (407)

Date

Daytime Phone #