

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997
AMOUNT DUE ON OR BEFORE 9/17/97: \$61.25 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$236.25).

NONPROFIT
CORPORATION
ANNUAL REPORT
1997



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



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 11/17/1987		3a. Date of Last Report 07/22/1996	
21		26		4. FEI Number 65-0016266		<input checked="" type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24 Zip		25 Country		29 Zip		30 Country	
24		25		29		30	
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent			

PREWITT, JOHN E
3250 SW 72ND AVENUE
PALM CITY FL 34990

81 Name John E. Prewitt
82 Street Address (P.O. Box Number is Not Acceptable)
3250 SW 72nd Ave.
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* 9-6-97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12.	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	P.D. <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVUE, LEONARD E.	1.2 NAME	Leonard E. DeVoe
STREET ADDRESS	837 E 15TH STREET	1.3 STREET ADDRESS	837 E. 15th St.
CITY-ST-ZIP	STUART FL	1.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	VPD <input type="checkbox"/> DELETE	2.1 TITLE	VPD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	COY, ROBERT G	2.2 NAME	Robert G. Coy
STREET ADDRESS	104 NW SPRUCE RIDGE DRIVE	2.3 STREET ADDRESS	104 N.W. Spruce Ridge Dr.
CITY-ST-ZIP	STUART FL	2.4 CITY-ST-ZIP	Stuart, FL 34994
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	STD <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEVUE, MICHELLE	3.2 NAME	Michelle DeVoe
STREET ADDRESS	837 E 15TH STREET	3.3 STREET ADDRESS	837 E. 15th St.
CITY-ST-ZIP	STUART FL	3.4 CITY-ST-ZIP	Stuart, FL 34996
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

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 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 E. DeVoe* SIGNATURE REQUIRED: *DeVoe* 82997 287-0685-282-8939

CR2E037 (4/97)