


FILE NOW: FILING FEE IS \$61.25

FILED

May 19 1998 8:00am  
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
--	---	---

DOCUMENT # **N45320** (1)  
1. Corporation Name  
**YOUTHWISH, INC.**

Principal Place of Business      Mailing Address  
**128 RIVIERA DR  
TAVERNIER FL 33070**      **128 RIVIERA DR  
TAVERNIER FL 33070**

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Country
24. Country	29. Zip
25. Country	30. Zip

3. Date Incorporated or Qualified <b>09/13/1991</b>	Applied For <input checked="" type="checkbox"/> Yes <input type="checkbox"/> Not Applicable
4. FEI Number <b>65-0298368</b>	
5. Certificate of Status Desired <input checked="" type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
7. Is this nonprofit corporation a homeowners association? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent <b>BIGGER, LOIS BOGGS 128 RIVIERA DRIVE TAVERNIER FL 33070</b>	10. Name and Address of New Registered Agent 81. Name 82. Street Address (P.O. Box Number is Not Acceptable) 83. 84. City <b>FL</b> 85. Zip Code
---	---

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

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	<b>D</b> <input checked="" type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>BABINE, ARTHUR</del>	1.2 NAME	<del>CARLOS Del Valle</del>
STREET ADDRESS	<del>37 N. BLACKWATER LANE</del>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<del>KEY LARGO FL</del>	1.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>FARRELL, DONNASUE</b>	2.2 NAME	
STREET ADDRESS	<b>611 62ND STREET, NW</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>BRADENTON FL</b>	2.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE	3.1 TITLE	<b>VICE PRESIDENT</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	<del>GASS, LINDA</del>	3.2 NAME	<b>LOIS BIGGER</b>
STREET ADDRESS	<del>423 HIGH ST</del>	3.3 STREET ADDRESS	<b>128 RIVIERA DR.</b>
CITY-ST-ZIP	<del>TAVERNIER FL</del>	3.4 CITY-ST-ZIP	<b>Tavernier, FL 33070</b>
TITLE	<b>D</b> <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>HANNAH, CARTER</b>	4.2 NAME	
STREET ADDRESS	<b>205 OCEAN DRIVE</b>	4.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TAVERNIER FL</b>	4.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>JORDAN, ANNA</b>	5.2 NAME	
STREET ADDRESS	<b>2305 HILLEARN CENTER BLV</b>	5.3 STREET ADDRESS	
CITY-ST-ZIP	<b>TALLAHASSEE FL</b>	5.4 CITY-ST-ZIP	
TITLE	<b>D</b> <input type="checkbox"/> DELETE	6.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>ST. JAMES, KEN</b>	6.2 NAME	
STREET ADDRESS	<b>422 FOURTH ROAD</b>	6.3 STREET ADDRESS	<b>915 LaPaloma Rd</b>
CITY-ST-ZIP	<b>KEY LARGO FL</b>	6.4 CITY-ST-ZIP	

14. I 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:

*Lois B. Bigger*

4/29/98

305-853-3590

CR2E037 (10/97)