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May 01 1998 8:00am
Secretary of State

NONPROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # N93000005207 (6)
 1. Corporation Name
YOUNG EXECUTIVES SUPPORTING THE SYMPHONY, INC.

Principal Place of Business 300 W. WATER ST. STE. 200 JACKSONVILLE FL 32202 US	Mailing Address 300 W. WATER ST. STE. 200 JACKSONVILLE FL 32202 US
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 25 Suite, Apt. #, etc. 26 City & State 27 Zip 28 Country
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9. Name and Address of Current Registered Agent
HARMAN, NAN
300 W. WATER ST.
STE. 200
JACKSONVILLE FL 32202

3. Date Incorporated or Qualified 11/18/1993	4. FEI Number 59-3224382	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	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 checked="" type="checkbox"/> Yes <input type="checkbox"/> No		

10. Name and Address of New Registered Agent
 81 Name **Linda B. Gillis**
 82 Street Address (P.O. Box Number is Not Acceptable)
300 West Water St
 83 **Suite 200**
 84 City **Jacksonville** **FL** 85 Zip Code **32202**

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 *Linda B. Gillis* DATE **4/21/98**

12. OFFICERS AND DIRECTORS	
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	HARMAN, NAN
STREET ADDRESS	300 W. WATER ST., STE. 200
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	FRIAS, JAIME
STREET ADDRESS	3057 CYPRESS CREEK
CITY-ST-ZIP	PONTE VEDRA BEACH FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	DRIVER, RAY G.
STREET ADDRESS	9380 CRAVEN RD, UNIT 105
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input checked="" type="checkbox"/> DELETE
NAME	BURTON, KIM
STREET ADDRESS	3410 PARK ST
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	ANNABI, AMNA
STREET ADDRESS	2584 GREEN SPRINGS DR
CITY-ST-ZIP	JACKSONVILLE FL
TITLE	<input type="checkbox"/> DELETE
NAME	WOOD, JOE
STREET ADDRESS	2912 ST JOHNS AVE #15
CITY-ST-ZIP	JACKSONVILLE FL

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	Linda B. Gillis
1.3 STREET ADDRESS	300 W. Water St. Suite 200
1.4 CITY-ST-ZIP	Jacksonville, FL 32202
2.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	Karen MacDonald
2.3 STREET ADDRESS	12302 Hunters Haven Lane
2.4 CITY-ST-ZIP	Jacksonville, FL 32229
3.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
3.2 NAME	Angel Williams
3.3 STREET ADDRESS	5257 Hunt Valley Dr. N
3.4 CITY-ST-ZIP	Jacksonville, FL 32257
4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
4.2 NAME	Joe Camerlengo
4.3 STREET ADDRESS	12302 Hunters Haven Lane
4.4 CITY-ST-ZIP	Jacksonville, FL 32229
5.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	D
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
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: *Linda B. Gillis* DATE: **4/21/98**

CR2E037 (10/97)