FILE NOW: FILING FEE IS $61.25

NONPROFIT CORPORATION ANNUAL REPORT **1998**	FLORIDA DEPARTMENT OF STATE **Sandra B. Mortham** Secretary of State DIVISION OF CORPORATIONS	

FILED
Jan 30 1998 8:00am
Secretary of State

DOCUMENT # N94000001860 (5)
1. Corporation Name

YORK ELEVEN NINETY REMEMBERED, INC.

Principal Place of Business	Mailing Address
229 RIDGEVIEW DR PALM BEACH FL 33480 US	229 RIDGEVIEW DRIVE PALM BEACH FL 33480

3. Date Incorporated or Qualified
04/14/1994

4. FEI Number **52-1876919** | Applied For / Not Applicable

2. Principal Place of Business **21**	**2a.** Mailing Address **26**	5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
Suite, Apt. #, etc. **22**	Suite, Apt. #, etc. **27**	6. Election Campaign Financing ☐ **$5.00** May Be Trust Fund Contribution Added to Fees
City & State **23**	City & State **28**	7. Is this nonprofit corporation a homeowners association? ☐ Yes ☒ No
Zip **24**	Country **25**	Zip **29**	Country **30**	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
LEVIN, JOSEPH 229 RIDGEVIEW DRIVE PALM BEACH FL 33480	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 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 P	☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME NOVAK, GYORA		1.2 NAME	
STREET ADDRESS 44 COCOANUT ROW		1.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL 33480		1.4 CITY-ST-ZIP	
TITLE ST	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME LEVIN, JOSEPH		2.2 NAME	
STREET ADDRESS 229 RIDGEVIEW DR.		2.3 STREET ADDRESS	
CITY-ST-ZIP PALM BEACH FL 33480		2.4 CITY-ST-ZIP	
TITLE VP	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME DANZIG, HOWARD S		3.2 NAME	
STREET ADDRESS 4300 S. US HWY #1 SUITE 203		3.3 STREET ADDRESS	
CITY-ST-ZIP JUPITER FL 33477		3.4 CITY-ST-ZIP	
TITLE VP	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME GROSS, STEVEN		4.2 NAME	
STREET ADDRESS 333 3 57TH STREET		4.3 STREET ADDRESS	
CITY-ST-ZIP NEW YORK NY		4.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME LOTTER, ANN		5.2 NAME	
STREET ADDRESS 14 CAMBRIDGE PARK COURT		5.3 STREET ADDRESS	
CITY-ST-ZIP TWICKENHAM-MIDDLESEX UN		5.4 CITY-ST-ZIP	
TITLE D	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME CARPENTER, EDWARD		6.2 NAME	
STREET ADDRESS 50 LOWER SLOANE STREET		6.3 STREET ADDRESS	
CITY-ST-ZIP LONDON EN		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: _Joseph P Levin S.T._   1/12/98   561 — 848-5822

CR2E037 (10/97)