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Feb 03, 1999 8:00am
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02-03-1999 90015 040 *****61.25

NONPROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000001860

1. Corporation Name

YORK ELEVEN NINETY REMEMBERED, INC.

Principal Place of Business

229 RIDGEVIEW DR
PALM BEACH FL 33480
US

Mailing Address

229 RIDGEVIEW DRIVE
PALM BEACH FL 33480



2. Principal Place of Business

21

Suite, Apt. #, etc.

22

City & State

23

Zip

Country

2a. Mailing Address

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

24

25

29

30

3. Date Incorporated or Qualified

04/14/1994

4. FEI Number

52-1876919

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

Trust Fund Contribution

\$5.00 May Be

Added to Fees

9. Name and Address of Current Registered Agent

LEVIN, JOSEPH
229 RIDGEVIEW DRIVE
PALM BEACH FL 33480

10. Name and Address of New Registered Agent

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

TITLE P
NAME NOVAK, GYORA
STREET ADDRESS 44 COCOANUT ROW
CITY-ST-ZIP PALM BEACH FL 33480

TITLE ST
NAME LEVIN, JOSEPH
STREET ADDRESS 229 RIDGEVIEW DR.
CITY-ST-ZIP PALM BEACH FL 33480

TITLE VP
NAME DANZIG, HOWARD S
STREET ADDRESS 4300 S. US HWY #1 SUITE 203
CITY-ST-ZIP JUPITER FL 33477

TITLE VP
NAME GROSS, STEVEN
STREET ADDRESS 333 3 57TH STREET
CITY-ST-ZIP NEW YORK NY

TITLE D
NAME LOTTER, ANN
STREET ADDRESS 14 CAMBRIDGE PARK COURT
CITY-ST-ZIP TWICKENHAM-MIDDLESEX UN

TITLE D
NAME CARPENTER, EDWARD
STREET ADDRESS 50 LOWER SLOANE STREET
CITY-ST-ZIP LONDON EN

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

6.1 TITLE

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, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)