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FILED
Feb 03, 1999 8:00am
Secretary of State

NONPROFIT
 CORPORATION
 ANNUAL REPORT
1999



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

02-03-1999 90015 040 *****61.25

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

2a. Mailing Address

3. Date Incorporated or Qualified

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

04/14/1994

22 City & State

27 City & State

4. FEI Number
 52-1876919

Applied For
 Not Applicable

23 Zip

Country

28 Zip

Country

5. Certificate of Status Desired

\$8.75 Additional
 Fee Required

24

25

29

30

6. Election Campaign Financing
 Trust Fund Contribution

\$5.00 May Be
 Added to Fees

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

1.1 TITLE Change Addition
 1.2 NAME
 1.3 STREET ADDRESS
 1.4 CITY-ST-ZIP

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

2.1 TITLE Change Addition
 2.2 NAME
 2.3 STREET ADDRESS
 2.4 CITY-ST-ZIP

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

3.1 TITLE Change Addition
 3.2 NAME
 3.3 STREET ADDRESS
 3.4 CITY-ST-ZIP

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

4.1 TITLE Change Addition
 4.2 NAME
 4.3 STREET ADDRESS
 4.4 CITY-ST-ZIP

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

5.1 TITLE Change Addition
 5.2 NAME
 5.3 STREET ADDRESS
 5.4 CITY-ST-ZIP

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

6.1 TITLE Change 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, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED

1/14/99

561
 848-5822

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (1/98)