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FILED

Feb 28 1997 8:00am
Secretary of StateNONPROFIT
CORPORATION
ANNUAL REPORT
1997FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # N94000002711 (9)

1. Corporation Name

IQ'VOT YESHUA HAMASHIACH, INC.



Principal Place of Business

Mailing Address

5967 S.E. FEDERAL HIGHWAY
STUART FL 349975967 S.E. FEDERAL HIGHWAY
STUART FL 34997-7871

3. Date Incorporated or Qualified

05/31/1994

3a. Date of Last Report

04/17/1996

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

29

30

4. FEI Number

65-0479993

Applied For

Not Applicable

5. Certificate of Status Desired

☐\$8.75 Additional
Fee Required6. Election Campaign Financing
Trust Fund Contribution☐\$5.00 May Be
Added to Fees8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes☐ Yes☒ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FRANKLIN, GREGORY
5967 S.E. FEDERAL HIGHWAY
STUART FL 34997

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	D	<input type="checkbox"/> DELETE
NAME	PEASLEY, FREDERICK	
STREET ADDRESS	8612 SW 17TH AVE	
CITY-ST-ZIP	STUART FL	

1.1 TITLE		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	PEASLEY	
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	SMITH, HENRY	
STREET ADDRESS	8627 SW PERRY LANE	
CITY-ST-ZIP	STUART FL	

2.1 TITLE		<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	MARTIN, TERRY	
2.3 STREET ADDRESS	4415 S.E. FEDERAL HWY, #10	
2.4 CITY-ST-ZIP	STUART FL 34997	

TITLE	D	<input type="checkbox"/> DELETE
NAME	FRANKLIN, GREGORY	
STREET ADDRESS	2168 SE HARRISON ST	
CITY-ST-ZIP	STUART FL	

3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		

TITLE	PVP	<input type="checkbox"/> DELETE
NAME	VALDES, SERGIO	
STREET ADDRESS	2488 NE GINGER TERR	
CITY-ST-ZIP	JENSEN BEHAC FL	

4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		

TITLE	TS	<input type="checkbox"/> DELETE
NAME	FRANKLIN, GREGORY	
STREET ADDRESS	2168 SE HARRISON ST	
CITY-ST-ZIP	STUART FL	

5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		

TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
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 do 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: *Gregory Franklin* FRANKLIN 2/20/97 (561) 286-2051
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone # 0072323

CR2E037 (9/96)