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

DOCUMENT #

N97000000001 (4)

YESTERDAY, TODAY, AND TOMORROW FAMILY CLUB INC.

FILED Feb 18 1998 8:00am Secretary of State

					
Principal Place of Business Mailing Address					
890 NW 213 LANE STE 105 MIAMI FL 33169		890 NW 213 LANE STE 105 MIAMI FL 33169		3. Date Incorporated or Qualified	
				01/02/1997	
				4. FEI Number	Applied For
				65-0728790	Not Applicable
2. Principal P	lace of Business	2a. Mailing Address 1320 N.W.	135 st	5. Certificate of Status Desired	\$8.75 Additional Fee Required
Sulte, Apt. #, etc.		Suite, Apt. #, etc.		6. Election Campaign Financing	\$5.00 May Be
22		27		Trust Fund Contribution	Added to Fees
City & State	9	City & State		7. Is this nonprofit corporation a homeowners	
23		28 Miami,Fl			No
Zip	Country	Zip 33167-1703	Country กับSA	8. This corporation owes or has paid the curr	rent year Intangible Yes X No
24	25		0 057	Personal Property Tax due June 30. 10. Name and Address of New Registered A	
8. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name					
ļ.	•		OI Name		
MCPHEE, ANTHONY			82 Street A	ddress (P.O. Box Number is Not Acceptable)	
890 NW 213 LANE STE 105			00		
MAMI FL 33169			83		
			84 City	FL	85 Zip Code
11. Pursuant	to the provisions of Sections 617.050	2 and 617.1508, Florida Statutes,	, the above-named of		changing its registered
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 appointment of Section 617.0503, Florida Statutes.					
	I'm filmiliar with ama attropi file on or	Pr	esident	1/24/98	
SIGNATURE .	Signator (typed of partied name nil egistered age	<i>NU </i>	Registered Agent signature r		
12.	OFFICERS ANI		13.	ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE	P	☐ DELETE	1.1 TITLE		Change Addition
NAME	MCPHEE, ANTHONY	ļ	1.2 NAME		~
STREET ADDRESS	890 NW 213 LANE STE 105		1.3 STREET ADDRESS	1240 N W 125 -+	
CITY-ST-ZIP	MIAMI FL 33169	ļ	1.4 CITY-ST-ZIP	1340 N.W. 135 st Miami,F1. 33167-1703	
TITLE	T	DELETE	2.1 TITLE		inge Addition
NAME	SEYMOUR, JOSEPH	_	2.2 NAME		
STREET ADDRESS	1340 NW 135TH ST.		2.3 STREET ADDRESS		
•	MIAMI FL 33167	i	2. 4 City-St-ZiP		
CITY-ST-ZIP TITLE	V	DELETE	3.1 TITLE		hange Addition
NAME	SEYMOUR, WILLIAM		3.2 NAME		1,7
	1340 NW 135TH ST.	,	3.3 STREET ADDRESS		
STREET ADDRESS			3.4. CITY-ST-ZIP		
CITY-ST-ZIP TITLE	MIAMI FL 33167	DELETE	4.1 TITLE		Change Addition
NAME	S SEVERALIS LOVOELVAL		4. 2 NAME		
	SEYMOUR, JOYCELYN				
STREET ADDRESS	1340 NW 135TH STREET		4.3 STREET ADDRESS		
CITY-ST-ZIP	MIAMI FL 33167	☐ DELETE	4.4 CITY-ST-ZIP 5.1 TITLE		Change
TITLE	•		5.1 MAME	į.	X
NAMÉ	WOOTEN, MARSHA			1240 N:W 125 -+	`
STREET ADDRESS	890 NW 213TH LANE STE 105	>	5.3 STREET ADDRESS	1340 N.W. 135 st	
CITY-ST-ZIP	<u>MIAMI FL 33169</u>	Delete		Miami,F1. 33167-1703	Change Addition
TITLE		☐ DELETE	6.1 TITLE	•	□ cusude 二計 vocition
NAME			6.2 NAME	Fannette McPhee	
STREET ADDRESS				1340 N.W. 135 st	
CITY-ST-ZIP			6.4 CITY - ST - ZIP	Miami, F ₁ 33167-1703	

I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Fiorida 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 attackment with any address.

President

1/24/98