## FILE NOW: FILING FEE IS \$61.25

NONPROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # N9700005796

Corporation Name

YOUTH UNDERGROUND, INC.

Principal	Place	of	Business
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2. Principal Place of Business

Suite, Apt. #, etc.

City & State

3016 BIRKDALE ST. WESTON FL 33332 Mailing Address

3016 BIRKDALE ST. WESTON FL 33332

2a. Mailing Address

City & State

Suite, Apt. #, etc.

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## FILED Jan 22, 1999 8:00am Secretary of State

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3. Date Incorporated or Qualifed

5. Certifcate of Status Desired

10/14/1997

65-0791148

4. FEI Number

Zip	Country	Zip	Country		6. Election Campaign Financing	\$5.00	May Be			
¬ '	25	— · —	30		Trust Fund Contribution Added to Fees					
9. Name and Address of Current Registered Agent			-	10. Name and Address of New Registered Agent						
			81	Name						
OPPEDDALI IOUN A			-	<u> </u>	Live (D.O. Berry March as in Net Assessed	-la)				
OFFERDAHL, JOHN A			82	Street A	ddress (P.O. Box Number is Not Acceptab	нө)				
3016 BIRKDALE ST.			83			· · ·				
MESION	FL 33332-OFFE									
	v	***	84	City		FL 85 Zip C				
office or n	to the provisions of Sections 617.050; egistered agent, or both, in the State in familiar with, and accept the obligations.	of Florida. Such change was auth	nonzed by t	-named control of the corpor	orporation submits this statement for the pation's board of directors. I hereby accept	urpose of changing its the appointment as rec	registered jistered			
SIGNATURE	Signature, typed or printed name of registered agen	and title if applicable. (NOTE: Re	egistered Agent	signature reg	quired when reinstating)	DATE				
12.		D DIRECTORS	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTO	RS IN 12			
TITLE	D	☐ DELETE	1.1 TITLE			☐ Change	☐ Addition			
NAME	OFFERDAHL, JOHN A		1.2 NAME							
STREET ADDRESS	3016 BIRKDALE ST.		1.3 STREET	ADDRESS						
CITY-ST-ZIP	WESTON FL 33332		1,4 CITY-ST	-ZIP						
TITLE	D	☐ DELETE	2.1 TITLE			☐ Change	Addition			
NAME	OFFERDAHL, LYNN		2.2 NAME	-						
STREET ADDRESS	ANA DIDIONALE OF		2.3 STREET	ADDRESS						
CITY-ST-ZIP	WESTON FL 33332		2.4 CITY-S1	-ZIP						
TITLE	D	☐ DELETE	3.1 TITLE			Change	☐ Addition			
NAME of The Party of	BAKER, BOB		3.2 NAME							
STREET ADDRESS	Contract Tolling Street	TE. 770	3.3 STREET	ADDRESS						
CITY-ST-ZIP	ORLANDO FL 32810		3.4. CITY-\$1	-ZIP						
TITLE		☐ DELETE	4.1 TITLE			Change	Addition			
NAME	<b></b>		4.2 NAME							
STREET ADDRESS	.  -		4.3 STREET	ADDRESS		100				
CITY-ST-ZIP	<u></u>		4.4 CITY-ST	-ZiP						
TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition			
NAME			5.2 NAME							
STREET ADDRESS			5.3 STREET	ADDRESS		÷	[			
CITY-ST-ZIP	<u> </u>		5.4 CITY-ST	-ZIP						
TITLE	*	☐ DELETE	6.1 TITLE			Change	☐ Addition			
NAME	gr or		6.2 NAME	1			Ì			
STREET ADDRESS	\$		6.3 STREET	ADDRESS						
CITY-ST-ZIP	<u> </u>		6.4 CITY-ST							
14. I hereby o	certify that the information supplied wi	th this filing does not qualify for th	ne exemptio	on stated	in Section 119.07(3)(i), Florida Statutes. I	further certify that the in	nformation			

I. 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

HE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/2/99

(954) 384 - 7614 Daytime Phone #

0E037 (11/08)

Applied For

\$8.75 Additional

Fee Required

Not Applicable