1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # N9800006291

1. Corporation Name

YOUTH ENTERPRISES FOR SUCCESS, INC.

Principal Place of Business 901 EAST MCNAB STREET POMPANO BEACH FL 33060

2. Principal Place of Business

Mailing Address

2a. Mailing Address

901 EAST MCNAB STREET POMPANO BEACH FL 33060

Apr 23, 1999 8:00 am Secretary of State

04-23-1999 90269 047 ****61.25



3. Date Incorporated or Qualifed

Suite, Apt. #, etc. Suite, Apt. #, etc. 4. FEI Number Applied For Not Applicable	21		26	•		11/03/1998			
City & State City & State		#, etc.	 			4. FEI Number		Applied For	
28 29 30 30 5. Certificate of Status Desired Fee Required Fee Required 29 30 5. Certificate of Status Desired 5. Security 5. Certificate of Status Desired 5. Security 5.	22	•	27	_		45-0884872		Not Applicable	
28	City & Stat	e	City & State			5. Certificate of Status Desired			
9. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent KELLEY, PATRICK G 1401 E. BROWARD BOULEVARD SUITE 206 FORT LAUDERDALE FL 33301 11. Paragent to the provision of Sections \$17,0502 and \$17,1509. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered official provision of the pro	23		28				Fee	Required	
8. Name and Address of Current Registered Agent 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 11. Name 12. Name 13. Name 14. City 14. City 14. City 15. Dursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statisties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Braillar with, and except the obligation of, Section 517,0503. Florida Statisties. 15. Dursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statisties, the above-named corporation submits this statement for the purpose of changing its registered agent. I am Braillar with, and except the obligation of, Section 517,0503. Florida Statisties. 16. City 17. Dursuant to the provisions of Sections 617,0502 and 617,1508. Florida Statisties. 18. Statistics 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 Braillar with, and except the obligation of, Section 517,0503. Florida Statisties. 19. City 17.	Zip	Country	<u> </u>	 -, ´	•	1 1	, , , , ,		
KELLEY, PATRICK G 1401 E. BROWARD BOULEVARD SUITE 206 FORT LAUDERDALE FL 33301 11. Pursuant to the provisions of Sections 517.0502 and 517.1508. Fiorida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent. I am familiar with, and accept the obligations of, Section 617.0503, Florida Statutes, the above-named 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, the above-named 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. 11. Pursuant to the provisition of the provision of th	24			10	•			d to Fees	
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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 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, 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. SIGNATTURE To provided name of registered agent and size if applicable. (NOTE Registered Agent signature required when reheateding) DAYE 12. OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS IN 12 TITLE DO AVAILED TO THE STREET ADDRESS OT OFFICERS AND DIRECTORS IN 12 12. NAME 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 I TITLE VSD AUSTRET ADDRESS OT OFFICERS AND DIRECTORS IN 12 13. STREET ADDRESS OT OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZP POMPANO BEACH FL 33060 DELETE 13. STREET ADDRESS OT OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZP ON ICKOLAISON, ROSENT 3. STREET ADDRESS OT OFFICERS AND DIRECTORS IN 12 14. CITY. ST. ZP ON ICKOLAISON, RAY 3. STREET ADDRESS OT OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Additional Companies of the provided when reheateding) ADAMS, STREET ADDRESS OT OFFICERS AND DIRECTORS IN 12 15. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 16. Change Additional Companies of the provided when reheateding in the provided when reheatedi								·	
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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 of on an attachment with an address, with all other like empowered.

SIGNATURE: