Feb 20, 1999 8:00 am Secretary of State

02-20-1999 90079 036 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # DO

1. Corporation	M. YOUNG & ASSOCIATE						
Principal Place	e of Business	Mailing Address			4 IMBIIMBI III MAIN III AND II BIII BIII BIII BIII BIII BIII BIII	. 01011 31011 01011 6	1811 61911 1861
36 NORTH MARENGO AVENUE 36 NORTH MARENGO AVENUE PASADENA CA 91101 PASADENA CA 91101			Ī.		DO NOT WRITE IN TH	IS SPACE	
					3. Date Incorporated or Qualifed 03/19/1984		
2. Principal Pl	ace of Business	2a. Mailing Address			4. FEI Number	Apr	plied For
11		26			95-3556674		t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		_	5. Certificate of Status Desired	\$8.75 A	
City & State	е	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 Added to	
Zip	Country	Zip	Country		8. This corporation owes the current year t		
.4		29 30	<u> </u>		Personal Property Tax.		□No
	9. Name and Address of Curre	nt Registered Agent	81 Na		10. Name and Address of New Registere	o Agent	
EDAI	NUM THOMAS C		OI NE	ime			
Franklin, Thomas G. 5201 w Kenndey Blvd				reet Addre	ss (P.O. Box Number is Not Acceptable)		-
SUITE 900			83				
TAMPA FL 33630							
IMMPA FL 33030				ly		85 Zip €	Code
office or r	egistered agent, or both, in the State m familiar with, and accept the oblig Signature, typed or printed name of registered ag-	of Florida. Such change was auth ations of, Section 607.0505, Florida	onzed by the Statutes.	corporation	ration submits this statement for the purpose is board of directors. I hereby accept the appropriate when reinstating) DATE		
12.	OFFICERS A	ND DIRECTORS	13.	T	ADDITIONS/CHANGES TO OFFICERS		Addition
TITLE	PTD	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	YOUNG, ROBERT M.		1.2 NAME				}
STREET ADDRESS	36 North Marengo Avenu	E	1.3 STREET ADD	RESS			}
CITY-ST-ZIP	PASADENA CA		1.4 CITY-ST-ZIP	_		☐ Change	Addition
≀ll.rE	S	☐ DELÉTE	2.1 TITLE			Change	
NAME	EMMONS, ROSE MARIE		2.2 NAME				
STREET ADDRESS	SO NOMIN MARKETON MENOE		2.3 STREET ADD				
CITY-ST-ZIP	170.000.00		2.4 CITY-ST-ZIP			☐ Change	Addition
TITLE		C DELETE	31 TITLE				
NAME			3.2 NAME	2500			
STREET ADDRESS		-	3.3 STREET ADD	l l			ļ
CITY-ST-ZIP		☐ DELETE	34 CITY-ST-ZIP			Change	☐ Addition
TITLE		ب محدد	4.1 11/22 4. 2 NAME				- }
NAME			4.2 NAME 4.3 STREET ADD	RESS			}
STREET ADDRESS			4.4 CITY-ST-ZIP				Ì
CITY-ST-ZIP TITLE		☐ DELETE	5.1 TITLE			☐ Change	Addition
NAME		_ =	5.2 NAME				ļ
STREET ADDRESS			5.3 STREET ADD	RESS			Ì
CITY-ST-ZIP			5.4 CITY-ST-ZIP				ļ
G111-31-4P		□ DELETE	6.1 TITLE			☐ Change	Addition

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 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, spon an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

NAME

STREET ADDRESS