FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 DOCUMENT # **P07870** 1. Corporation Name

YENAVLUM, INC.

FILED Apr 22, 1999 8:00 am Secretary of State

04-22-1999 90174 050 ***158.75



Principal Place of Business	Mailing Address					
1240 BLALOK STE. #220 HOUSTON TX 77005	1240 BLALOK STE. #220 HOUSTON TX 77005		DO NOT WRITE IN THIS SPACE			
			3. Date Incorporated or Qualifed 10/25/1985			
2. Principal Place of Business	2a. Mailing Address		4. FEI Number	Applied For		
21	26		76-0160454	Not Applicable		
Suite, Apt. #, etc.	Suite, Apt. #, etc.	a gross		\$8.75 Additional Fee Required		
City & State	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees		
Zip Country		intry	8. This corporation owes the current year Intangement Personal Property Tax.	gible Yes XNo		
9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered Agent			
CT CORPORATION SYSTEM	<u> </u>	81 Name				
1200 S. PINE ISLAND ROAD		82 Street Address (P.O. Box Number is Not Acceptable)				
PLANTATION FL 33324	•	83		-		
		84 City	EI	85 Zip Code		

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, 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 607.0505, Florida Statutes.

•	• -						
SIGNATURE	Signature, typed or printed name of registered agent and title if a	onlicable (NOTE: Re	egistered Agent signature r	equired when reinstation)	DATE		
12.	OFFICERS AND DIREC		13.		ES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PD	☐ DELETE	1,1 TITLE			Change	Addition
NAME	MULVANEY, DOUG		1.2 NAME				
STREET ADDRESS	ANA BLALOOK OTE OOD		1.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX		1.4 CITY-ST-ZIP				
TITLE	S	DELETE	2.1 TITLE			Change	☐ Addition
NAME	WALLACE, GLORIA M.	'\	2.2 NAME				
STREET ADDRESS	1240 BLALOCK, STE 220		2.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX		2.4 CITY-ST-ZIP	<u> </u>	- '	-	
TITLE ;	٧	☐ DELETE	3.1 TITLE			☐ Change	☐ Addition
NAME	MCLELLAN, WILLIAM P		3.2 NAME				
STREET ADDRESS	1240 BLALOCK STE 220		3.3 STREET ADDRESS				
CITY-ST-ZIP	HOUSTON TX		3.4. CITY-ST-ZIP				
TITLE	VP	☐ DELETE	4.1 TITLE			Change	☐ Addition
NAME	ROBERTSON, GUY J. SR.		4. 2 NAME				
STREET ADDRESS	1240 BLALOCK, STE 220		4.3 STREET ADDRESS				
City-St-ZiP	HOUSTON TX		4.4 CITY-ST-ZIP				
TITLE		☐ DELETE	5.1 TITLE	Treasurer		☐ Change	Addition
NAME		•	5.2 NAME	Kathryn Coulter 1240 Blalock, Su	· 4 220		
STREET ADDRESS			5.3 STREET ADDRESS				
CITY-ST-ZIP			5.4 CITY-ST-ZIP	Houston, Texas	5 77055	٠.	
TITLE	:	☐ DELETE	6.1 TITLE		,	Change	☐ Addition
NAME			6.2 NAME				
STREET ADDRESS	Michael Control		6.3 STREET ADDRESS				
CITY OF TIDE	The state of the s		6.4 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 empoyered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in ess, with all other like empowered Block 12 or Block 13 if changed, or o

SIGNATURE: