05-05-1999 90052 043 ***150.00

Addition

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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P93000004872
DOCOMEM !	MASSION OF A STATE OF

YAI	NKUS PRODUCTIONS, INC.							
Principal Place of Business Mailing Address							MILL PISBI 1911	
223 S. HOWARD AVENUE TAMPA FL 33606 TAMPA FL 33606						DO NOT WRITE IN THIS	SPACE	
						3. Date Incorporated or Qualifed 01/01/1993		
2. Prin	cipal Place of Business	2a. Maili	ng Address			4. FEI Number	A	pplied For
21		26				59-3166598		ot Applicable
	ite, Apt. #, etc. Suite, Apt. #, etc.					5. Certificate of Status Desired		Additional equired
	ity & State City & State					6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip	Country					8. This corporation owes the current year Intangible		
24	25	29	3(0		Personal Property Tax.	Yes	□No
	9. Name and Address of Cu	rrent Registered	Agent	81		10. Name and Address of New Registered	Agent	
223 S. HOWARD AVENUE TAMPA FL 33606			82 83 84	City	Idress (P.O. Box Number is Not Acceptable)	85 Zip	Code	
off	ice or registered agent, or both, in the S ent. I am familiar with, and accept the ol	tate of Florida. Suc oligations of, Section	ch change was autr on 607.0505, Florid	nonzed by la Statutes	tne corpora	orporation submits this statement for the purpose of ation's board of directors. I hereby accept the appointment when reinstating) DATE		
12.	OFFICERS	S AND DIRECTOR	S	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	D	D DELETE					☐ Change	Addition Addition
NAME	YANKUS, DENNIS	YANKUS, DENNIS						
STREET A	DORESS 223 S HOWARD AVENUE	223 S HOWARD AVENUE						
CITY-ST-	ZIP TAMPA FL_33606	TAMPA FL 33606						
TITLE		☐ DELETE					Change	Addition
NAME				2.2 NAME				
STREET	DDRESS	***	-	2.3 STREE	ADDRESS			
CITY-ST-	ZIP			2. 4 CITY-5	T-ZiP			
TITLE			DELETE	3.1 TITLE			Change	Addition Addition
NAME				3.2 NAME				

6.4 CITY-ST-ZIP 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, or on an attachment with an address, with all other like empowered.

3.3 STREET ADDRESS

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

4.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

3.4. CITY-ST-ZIP

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

DELETE

☐ DELETE

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME

TITLE

NAME