

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State  
CORPORATIONS

1996-25-96

4447

C

DOCUMENT # **P93000040533 (0)**

1. Corporation Name

**YOUNG'S MOTEL & APARTMENTS, INC.**



Principal Place of Business

1915 N OCEAN DR  
HOLLYWOOD FL 33019

Mailing Address

322 BUCHANAN  
STE 608  
HOLLYWOOD FL 33019  
US

3. Date Incorporated or Qualified  
**06/01/1993**

3a. Date of Last Report  
**05/01/1995**

21. Principal Place of Business  
**1915 North Ocean Drive**

2a. Mailing Address  
**1915 North Ocean Drive**

4. FEI Number  
**65-0432763**

Applied For  
Not Applicable

22. City & State  
**Hollywood**

27. City & State  
**Hollywood**

5. Certificate of Status Desired  **\$8.75 Additional Fee Required**

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

23. Zip  
**33019**

28. Zip  
**33019**

8. This corporation has liability for intangible tax under s 199.032, Florida Statutes  Yes  No

24. Country  
**FLORIDA**

29. Country  
**FLORIDA**

g. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**LEFRANCOIS, THERESE  
1915 N OCEAN DR  
HOLLYWOOD FL 33019**

81 Name  
82 Street Address (P.O. Box Number is Not Acceptable)  
83  
84 City  
**FL** 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 *Therese Lefrancois*

(NOTE: Registered Agent signature required when reinstating)

DATE **04-16-96**

12. OFFICERS AND DIRECTORS	
TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEFRANCOIS, THERESE</b>
STREET ADDRESS	<b>1915 N OCEAN DR</b>
CITY - ST - ZIP	<b>HOLLYWOOD FL 33019</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: *Therese Lefrancois*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE **04-16-96**

DAYTIME PHONE # **925-6590**

CR2E034 (12/95)