FILED

03-23-1999 90031 011 ***150.00

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 # **P93000067212**1. Corporation Name

	Y C. GUARIN INC.	Mailing Address			
1056 MONTGOMERY RD. 1 ALTAMONTE SPRINGS FL 32714		1056 MONTGOMERY RD.			
		ALTAMONTE SPRINGS FL 32714 US		DO NOT WRITE IN THIS SPACE	
				3. Date Incorporated or Qualifed 09/22/1993	
2. Principal Pl	ace of Business	2a. Mailing Address		4. FEI Number	Applied For
21		26	u-m-	59-3231216	Not Applicable \$8.75 Additional
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		5. Certifcate of Status Desired	Fee Required
City & State	3	City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip 24	Country 25	Zip 29 3	Country	This corporation owes the current year Personal Property Tax.	Intangible ☐ Yes ☐ No
24	9. Name and Address of Curren		<u>•</u>)	10. Name and Address of New Registere	d Agent
			81 Name		
GUARIN, ARACELY C			82 Street Add	ress (P.O. Box Number is Not Acceptable)	
1056 MONTGOMERY RD.				,	
ALIA	MONTE SPRINGS FL 32714		83		
			84 City	F	
11. Pursuant office or reagent. I as	m familiar with, and accept the obliga	tions of, Section 607.0505, Florid	la Statutes.	poration submits this statement for the purpose on's board of directors. I hereby accept the appropriate the constaling of the purpose of the	oi changing its registered interest as registered
12.	Signature, typed or printed name of registered age	nt and title if applicable. (NOTE: R ID DIRECTORS	egistered Agent signature require	ADDITIONS/CHANGES TO OFFICERS	AND DIRECTORS IN 12
TITLE	P	☐ DELETE	1,1 TITLE	7,001,101,01	Change Addition
NAME	GUARIN, ARACELY C.		1.2 NAME		ĺ
STREET ADDRESS	837 SHELL LANE		1.3 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL		1.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME	CALDERON, ROSA C.		2.2 NAME		
STREET ADDRESS	837 SHELL LANE		2.3 STREET ADDRESS		
CITY-ST-Z#P	LONGWOOD FL 32714	, , , , , , , , , , , , , , , , , , ,	2.4 CITY-ST-ZIP		☐ Change ☐ Addition
TITLE	. '	DELETE	3.1 TITLE		☐ Criange ☐ Addition
NAME	•		3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP	, , , , , , , , , , , , , , , , , , , ,	☐ DELETE	3.4. CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		ļ
CITY-ST-ZIP	,		4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		1
CITY-ST-ZIP	·		5.4 CITY-ST-ZIP		
Terric		□ DELETE	61 TITLE		☐ Change ☐ Addition i

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 charged, or on an attachment with an address, with all other like empowered.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS 1999 IF CHILDREN ET COLLEC

THE PARTY OF THE P

NAME

Daytime Phone #