SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996. AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

1996

DOCUMENT # DOGOOOD (E)

Corporation Name	-93000066061	(5)

YFFUD ENTERPRISES, INC.							
Principal Place of Business Mailing Address 3256 CROSS CREEK DR 3256 CROSS CREEK DR SARASOTA FL 34231 US US			3. Date incorporated or Qualified		e of Last Report		
					12/20/1993		31/1995
2. Principal Place of Business	2a. Mailing Address				4. FEI Number	.1	Applied For
21	26				65-0459883		Not Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired		\$8.75 Additional	
22 Chair State	27				Fee Required		
City & State	28	City & State			6. Election Campaign Financing		\$5.00 May Be
Zip Country	Ζιρ	Cour	ntrv		Trust Fund Contribution 8. This corporation has liability for i	etanzible t	Added to Fees
24 25	29	30	.,			Yes	
9. Name and Address of Curren	···········	[10. Name and Address of New Re	<u></u>	
DUFFY, BRIAN			81	Name			
3256 CROSS CREEK DR		+	62	Street Addre	ess (P.O. Box Number is Not Acceptab	le)	
SARASOTA FL 34231							
			63				
		j	84	City			85 Zip Code
	6 1002 1/00 5					FL	
 Pursuant to the provisions of Sections 607.050 office or registered agent, or both, in the State 	of Florida, Such change was:	authorized.	by t	named corpo he corporatio	ration submits this statement for the pu in's board of directors. I hereby accept	irpose of c the appoir	hanging its registered htment as registered
agent. I am familiar with, and accept the obliga	ations of, Section 607.0505, F	lorida Statu	ites				
SIGNATURE Signature Types For profiled name of raige time ago	et ned titls. Caester title (fix	vič u minomi	i 40 .	or or an annual section of the secti	d wher reastaing)	CAN	
12. OF FICE RS AN		13.	z zygei	is regular tive real pro-	ADDITIONS/CHANGES TO OFFIC		DIRECTORS IN 12
THLE	DELETE	11111	LE.	T I			Change Addition
NAME DUFFY, BRIAN		1.2 NA	ME				
STREET ADDRESS 3256 CROSS CREEK DR		1351	neer a	ADURESS			
CITY-ST-ZIP SARASOTA FL		1.4 CIT	[¥ - S]	I - ZIP			
TITLE D	DELETE	2 1 111	LE.				Change Addition
NAME DUFFY, GERALD		2.2 NA	ME	j			
STREET ADDRESS 3256 CROSS CREEK DR		2351	REFT	ADDRESS			
CHY-ST-ZIP SARASOTA FL	T pricit	2 4 CI		I - ZIP	- , - ,	-	1 65
TITLE NAME	L] DELETE	3 1 TIE 3 2 NA				L	Change Addition
STHEET ADDRESS				ADDRESS			
CHY-ST-ZIP		3 4 CI					
THLE	DELFTE	41 [ii		. 411			Change Addition
NAME		4 2 N/	AME			-	
STREET ADDRESS				ADDRESS			
CITY-ST-ZIP		4.4 Ci	4.4 CITY - ST - ZIP				
TITLE	DELETE	5 1 Ti	LF.				Change Addition
NAME		5 2 NA	ME				1
STREET ADDRESS		5381	HEET.	ADORESS			
CITY - ST - ZIP	T BELEVE	5 4 CI		T - ZiP		_	T-2000
TITLE	DELETE	6 1 TIT				L	Change Addition
NAME CONTEX ADDRESS		6 2 NA		4000000			
STREET ADDRESS CITY-ST-ZIP		63SI	HI { I	ADDRESS			
		6 4 CI	TV C	1 70			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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changes, or on an attachment with an address

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNATURE OF DIRECTOR

BRIAN O. DUFFY
DIRECTOR PRES.

6/30/96 941-921-2012