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

PROFIT CORPORATION ANNUAL REPORT



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

1996

P94000008502 (4)

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Country

9. Name and Address of Current Registered Agent

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DOCUMENT # Y GROW UP, INC.

Principal Place	of	Business
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Mailing Address

2a. Mailing Address

City & State

Suite Apt. #. etc.

1392 SW 160 AVE. SUNRISE FL 33326

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Ζıp

2. Principal Place of Business

Suite, Apt. #, etc.

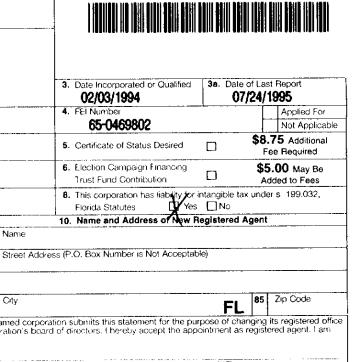
BUDIK, VIKI

2653 EDGEWATER DR.

FORT LAUDERDALE FL 33332

City & State

2653 EDGEWATER DR. FORT LAUDERDALE FL 33332



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 Statutes was authorized by the corporation's board of directurs. I hereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes LIATE. SIGNATURE (NOT): Registered Age of signature required when reushaling? Signature, Noe'll or printed manie of registered agont and the Lappinshie. (12/95)ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE ☐ Change 1 1 TiTLE TIFLE **BUDIK, VIKI** 1.2 NAME NAME 2653 EDGEWATER DR. 13 STREET ADDRESS STREET ADDRESS FORT LAUDERDALE FL 33332 14 CITY - ST - Z-P CITY-ST-ZIP ☐ Change Addition Addition DELETE 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change Addition ☐ DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3 4 CrTY - ST - ZiP CITY-ST-ZIF DELETE Change Addition 4 1 TITLE TITLE NAME 4.2 NAME 4.3 STREET ADDRESS STREET ADDRESS 4 4 CITY - ST - ZIP CITY - \$1 - 712 ___ Change Addition DELETE 5 1 TITLE TITLE 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY - S1 - 2IP DELETE Change Addition 6 1 TITLE 6.2 NAME NAME € 3 STREET ADDRESS STREET ADDRESS

Country

81 Name

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84 City

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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 change address

6 4 CITY - S1 - 7/P

SIGNATURE: (

Orty - ST- ZIP

NAME OF SIGNING OFFICER OR DIRECTOR

Daytime Phone #

CR2E034