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Apr 18 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P94000019823 (1)

1. Corporation Name
Y-MAKK ENTERPRISES, INC.



Principal Place of Business
15940 WEST TROON CIRCLE
MIAMI LAKES FL 33014

Mailing Address
15940 WEST TROON CIRCLE
MIAMI LAKES FL 33014-6550

3. Date Incorporated or Qualified 03/14/1994
3a. Date of Last Report 06/13/1996

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

4. FEI Number 65-0482522
Applied For Not Applicable

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

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

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

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

YERMACK, JOHN
15940 WEST TROON CIRCLE
MIAMI LAKES FL 33014

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME YERMACK, JOHN
STREET ADDRESS 15940 WEST TROON CIRCLE
CITY-ST-ZIP MIAMI LAKES FL 33014

1.1 TITLE President ☒ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.2 NAME

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.3 STREET ADDRESS

TITLE
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STREET ADDRESS
CITY-ST-ZIP

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

2.1 TITLE ☐ Change ☐ Addition

TITLE
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CITY-ST-ZIP

2.2 NAME

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2.4 CITY-ST-ZIP

TITLE
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3.1 TITLE ☐ Change ☐ Addition

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3.4 CITY-ST-ZIP

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4.1 TITLE ☐ Change ☐ Addition

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4.4 CITY-ST-ZIP

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5.1 TITLE ☐ Change ☐ Addition

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5.4 CITY-ST-ZIP

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6.1 TITLE ☐ Change ☐ Addition

TITLE
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STREET ADDRESS
CITY-ST-ZIP

6.2 NAME

TITLE
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STREET ADDRESS
CITY-ST-ZIP

6.3 STREET ADDRESS

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.4 CITY-ST-ZIP

14. I do 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.

SIGNATURE: *John Yermack* Pres John Yermack 4-12-97 305 8771399

CR2E034 (9/96)