

FILED

Mar 04 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
---	---	---

DOCUMENT # P94000028591 (3)

1. Corporation Name:  
**YUBI CORP.**

Principal Place of Business	Mailing Address
1080 E. INDIAN TOWN ROAD STE 206 JUPITER FL 33477 US	8000 PETERS ROAD PLANTATION FL 33324-4030

<b>3. Date Incorporated or Qualified</b> 04/11/1994	<b>3a. Date of Last Report</b> 03/15/1996
--	--

21. Principal Place of Business		28. Mailing Address	
21	Suite, Apt. #, etc.	26	1080 E. INDIAN TOWN RD
22	City & State	27	#206
23	Zip	28	Jupiter FL
24	Country	29	33477
25		30	Country

4. FEI Number <b>65-0488226</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75 Additional Fee Required</b>
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00 May Be Added to Fees</b>
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent	
<b>SANDRA BOBROW</b> <b>224 COMMODORE DRIVE</b> <b>JUPITER FL 33477</b>	<b>81</b> Name
	<b>82</b> Street Address
	<b>83</b>
	<b>84</b> City

10. Name and Address of New Registered Agent

ss (P.O. Box Number is Not Acceptable)

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** \_\_\_\_\_  
 (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	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBROW, ARTHUR S	1.2 NAME	
STREET ADDRESS	224 COMMODORE DRIVE	1.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33477	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BOBROW, LISA	2.2 NAME	
STREET ADDRESS	2400 GIRALDA CIRCLE E. #203	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM BEACH ARDENS FL 33410	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BORROW, SANDRA	3.2 NAME	
STREET ADDRESS	224 COMMODORE DRIVE	3.3 STREET ADDRESS	
CITY - ST - ZIP	JUPITER FL 33477	3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 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 of the report, or on an attachment with an address.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

2/27/97  
Date

561-744-5040

0284413

CR2E034 (9/96)