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PROFIT CORPORATION ANNUAL REPORT

1996



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortnam

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P9400035998 (1)

YORK LAND & MANAGEMENT COMPANY

Principal Place of Business Mailing Address 5 BALFOUR RD E 5 BALFOUR RD E PALM BEACH GARDENS FL 33418 PALM BEACH GARDENS FL 33418 3. Date Incorporated or Qualified 3a. Date of Last Report 05/06/1994 06/12/1995 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 65-0485611 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 \Box 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, 24 25 29 30 Florida Statutes Yes No 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 GREENBERG, JOHN L Street Address (P.O. Box Number is Not Acceptable) 82 **5 BALFOUR RD E** PALM BEACH GARDENS FL 33418 83 84 City 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 familiar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of non-stere magnitians title, mapping to POTE Full-thread Agent Signaturo required, when remotating ÜATe 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 THILE PRED DELETE 1. 1 TITLE Change ■ Addition NAME GREENBERG, JOHN L 1.2 NAME STREET ADDRESS **5 BALFOUR ROAD EAST** 1.3 STREET ADDRESS PALM BEACH GARDENS FL CITY - ST - ZIP 1.4 CHY - \$1-7IP TITLE SECD DELETE 2 1 TITLE Change Addition GREENBERG, TOBY B NAME 2.2 NAME **5 BALFOUR ROAD EAST** STREET ADDRESS 23 STREET ADDRESS PALM BEACH GARDENS FL CITY - ST - ZIP 24 CHY-ST-ZIP TIFLE DELETE 3 1 3111.6 ☐ Change Add tion NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4 CITY - ST - 7:P TITLE ☐ DEL ETE 4 1 TITLE Change Addition NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY - ST - ZIP 4.4 CITY - ST - ZIP TITLE [] DELETE 5 1 DILE ☐ Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CrTY - ST. ZIP TITLE DELETE 6 1 TillE Change Addition 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS CITY-ST-ZIP 6.4 CHY - ST-7(P) 14. I do hereby certify that the information supplied with this fing 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 arrival 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

SIGNATURE:

MATURE AND TYPES OR PRINTED NAVE OF SIGNING OFFICER OR DIRECTOR

115, 4/0/96

407-684-2 m

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