## FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

**FILED** 

May 08 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400036166 (4)

YPHC, INCORPORATED

Principal Place of Business Mailing Address						100  E3  700  00  0  00  0  0  0  0  0  0  0  0	<b>03100</b> 1140 01101 11010 <del>0</del> 1111	A 0111 IA01
2455 EAST SUMRISE BLVD. PENTHOUSE E		PENTHOU	2455 EAST SUNRISE BLVD. PENTHOUSE E FORT LAUDERDALE FL 33304-3118					
						3. Date Incorporated or Qualified 3a, Date of Last Report 12/31/1996		
2. Principal Pi	lace of Business	2a, Mailio	ng Address			4. FEI Number		pplied For
21		26	26			65-0489410	N(	ot Applicable
Suite, Apt. #, etc.		Suite 27	\$10.00 \$1			5. Certificate of Status Desired		Additional equired
City & State		City 8	City & State			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution ☐ Added to Fees		
Zip	<b>p</b> Country		Country		У	8. This corporation has liability for intangible tax under s. 199.032,		
24	25 29			[30]		Florida Statutes X Yes No		
	9. Name and Address o	Current Registered	Agent			10, Name and Address of New Re	glistered Agent	
RUF, ALAN F ESQ.				8	81 Name			
	E. SUNRISE BLVD., PH- AUDERDALE FL 33304	E			Street Ac	ddress (P.O. Box Number is Not Acceptab	le)	
				8:	3			
				84	City		FL 85 Ζφ	Code
office or re	to the provisions of Sections egistered agent, or both, in t m familiar with, and accept t	the State of Florida, Su	chi change was a	authorized t	y the carpa	orporation submits this statement for the p ration's board of directors. I hereby accep	urnose of changing it	ts registered registered
SIGNATURE	·	•						
DIGITATIONE.	Signature, typed or printed name of re	gistered agent and title if applic	able (NO1)	Fregistereo A	gent signature re	quired when reinstating)	DATE	
12.		E HS AND DIRE CTORS		13.		ADDITIONS/CHANGES TO OFFIC		
TITLE	DPT		DELETE	1.1 THTLE			Change	Addition
NAME	11011011		1,2 NAME					
STREET ADDRESS 2455 E. SUNRISE BLVD., PENTH			SE E 1.3 STREET ADDRESS				1	
CITY-ST-ZIP	FORT LAUDERDALE FL	33304	orina saaraasannoo	1.1 CITY	\$1-7(P			
TITLE	DS		[]] DELETE	2.1 TITLE 2.2 NAME			[] Change	Addition
NAME	HENIEN, PERLANTI							
STREET ADDRESS 2455 E. SUNRISE BLVD., PENTH			2.\$ STREET ADDRESS				<b>F</b> .	
CITY-ST-24P	FORT LAUDENDALE FL	33304	DELETE	2.4 CITY 3.1 1/11 F			Change	Addition
NAME				3.2 NAME			L_1 Change	L Addition
STREET ADDRESS					T ADDRESS			
CITY-ST-ZIP				3.4. CITY				
TITLE			DELFTE	4.1 TITLE			Change	Addition
NAME				4.12 NAM			•	
STREET ADDRESS				4.3 STREE	1 ADDRESS			
CITY-ST-ZIP				4.4 C(1)				
TITLE			DELETE	5.1 TITLE			☐ Change	Addition
NAME				5.2 NAME				
STREET ADDRESS				5.\$ STREE	I ADDRESS			
CITY-ST-ZIP				5.4 CITY	S1-ZIP			
TITLE			DELFTE	6.1 1/TLE		1000	☐ Change	Addition
NAME				6.2 NAME				
STREET ADDRESS				6.3 STREE	1 ADDRESS			

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 of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under eath; 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 chapted, or organ attachment with an address.

4-29-97

(954)771-6476