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CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-06/23/95--01034--001
****900.00 ****225.00

DO NOT WRITE IN THIS SPACE

DOCUMENT # P94000037947 (6)

1. Corporation Name

YUCATAN HOLDING COMPANY

Principal Place of Business

2732 NE 15TH TERRACE
WILTON MANORS FL 33305

Mailing Address

2732 NE 15TH TERRACE
WILTON MANORS FL 33305

3. Date Incorporated or Qualified

05/19/1994

3a. Date of Last Report

2. Principal Place of Business

21 269 Cusick Road

2a. Mailing Address

26 269 Cusick Road

Suite Apt. #, etc.

22 Suite C-2

Suite Apt. #, etc.

27 Suite C-2

City & State

23 Alcoa TN

City & State

28 Alcoa TN

Zip

24 37701

Country

25 Blount

Zip

29 37701

Country

30 Blount

9. Name and Address of Current Registered Agent

SOUTH FLORIDA REGISTERED AGENTS INC.
200 E. LAS OLAS BLVD. STE. 1900
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

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 of Registered Agent or Director)

(Signature of Registered Agent or Director)

(Date)

12. OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
D	CHESNUTT, ELIA B	2732 NE 15TH TERRACE	WILTON MANORS FL 33305

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	2. NAME	3. STREET ADDRESS	4. CITY, ST, ZIP
		269 Cusick Road, Suite C-2	Alcoa TN 37701

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(a), 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. 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 this report, or on an attachment with an address.

SIGNATURE:

ELIA CHESNUTT

ELIA CHESNUTT

59-95 45-681-0034