FILED
May 28 1998 8:00am
Secretary of State

FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # P94000059200 (3)

1. Corporation Name
YWP INCORPORATED

Principal Place of Business	Mailing Address
8231 Sky Pine Way West Palm Beach Florida 33415	8231 Sky Pine Way West Palm Beach Florida 33415

3. Date Incorporated or Qualified: 08/11/1994
3a. Date of Last Report: 4/15/97

21 2a. Principal Place of Business
22 Suite, Apt. #, etc
23 City & State
24 Zip / 25 Country

26 2b. Mailing Address
27 Suite, Apt. #, etc
28 City & State
29 Zip / 30 Country

4. FEI Number: 22-3443841 ☐ 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 FREE

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

9. Name and Address of Current Registered Agent

JENNINGS, EDWARD J ESQ
200 SE 18TH CT.
FT LAUDERDALE FL 33316

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 _____ DATE
Signature required only when name of registered agent is being changed. (NOTE: Registered Agent signature is required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST ☐ DELETE	11 TITLE	☐ Change ☐ Addition
NAME	ALLMACHER, JEROME	12 NAME	
STREET ADDRESS	8231 SKY PINE WAY	13 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	14 CITY-ST-ZIP	
TITLE	D ☐ DELETE	21 TITLE	☐ Change ☐ Addition
NAME	ALLMACHER, JEROME	22 NAME	
STREET ADDRESS	8231 SKY PINE WAY	23 STREET ADDRESS	
CITY-ST-ZIP	WEST PALM BEACH FL 33415	24 CITY-ST-ZIP	
TITLE	☐ DELETE	31 TITLE	☐ Change ☐ Addition
NAME		32 NAME	500002540075
STREET ADDRESS		33 STREET ADDRESS	-05/29/98--01004--032
CITY-ST-ZIP		34 CITY-ST-ZIP	***165.00
TITLE	☐ DELETE	41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE	☐ DELETE	51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE	☐ DELETE	61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

5/5/98

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: _____ Address: _____

CR2E034 (9/95)