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

PROFIT
CORPORATION
ANNUAL REPORT
1997



FLORIDA DEPARTMENT OF STATE

**FILED** 

Apr 28 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P9400066308 (5)

THE YBOR STORE, INC.

Principal Place of Business Mailing Address					1 (60) 60) 10 101 (4)6(: 6)(11 9611	SPICE STILL STATE (COLUMN 1841)
1717 EAST 7TH AVENUE TAMPA FL 33605 US		1726 E 7 AVE TAMPA FL 33605-3806				
					3. Date Incorporated or Qualifi 09/09/1994	ed 3a. Date of Last Report 05/01/1996
2. Principal Place of Business 2a. Mailing Address					4. FEI Number	Applied For
26				59-3268708	Not Applicable	
<b>├</b> ──		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		27	City & State			Fee Required
<del> </del> -			- <del></del>		6. Election Campaign Financing	_ +=.==, ==
23 Zin	Zip Country Zip		Country		Trust Fund Contribution	
24	25	29	30		Florida Statutes	for intangible tax under s. 199.032,
649	9. Name and Address of Curre		1301		10. Name and Address of New	
AV	ALA, W. DEHART JR.	The same of the sa	81	Name		
	D N BRUCH ST		-	,	BARR- GUYTON	, DAKEDINEN B.
SUITE 202			82	Street Add	dress (P.O. Box Number is Not Acce	ptable) E.
	MPA FL 33602		83			
"	M 7 1 E 0000E				· · · · · · · · · · · · · · · · · · ·	
			84	City	TAMPA	FL 85 Zin Code 3 3 605
11. Pursuan	t to the provisions of Sections 607.05	02 and 607.1508, Florida Statu	tes, the abov	e-named co	cogration submits this statement for t	he purpose of changing its registered
office or	registered agent, or both, in the State am familiar with, and accept the oblid	e of Florida. Such change was dations of Section 607 0505. F	authorized b lorida Statute	y the corpora	ation's board of directors. I hereby a	ccept the appointment as registered
SIGNATURE			ionas otatato	u.	•	1/22/97,
SIGNATURE			1E Registered Ag	ent signature req	uired when reinstating)	DATE
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO O	FFICERS AND DIRECTORS IN 12
TITLE	PD DELETE		1.1 TITLE			☐ Change ☐ Addition
NAME	GUYTON, BARBARA B		1.2 NAME			
STREET ADDRESS	The state of the s		1.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL 33605		1.4 City-St-ZiP			
TITLE	VD MOELETE		2.1 TITLE			Change Addition
NAME	WARD, LEANN T		2.2 NAME			
STREET ADDRESS			2.3 STREET ADDRESS			
CITY-ST-ZIP			2. 4 CITY - ST - ZIP			
TITLE .	SD DELETE		3.1 TITLE			☐ Change ☐ Addition
NAME	WARD, L. TAYLOR		3.2 NAME			į
STREET ADDRESS	TALIDA DI GOGGE		3.3 STREET	I ADDRESS		:
CITY-ST-ZIP	TAMPA FL 33605		3.4. CITY-	S1-ZIP		
TITLE	TD AVI A DATOVOIA D	DELETE	4.1 TOLE			L] Change [] Addition
NAME	AYLA, PATRICIA P		4. 2 NAME			
STREET ADDRESS	<b>■</b> **			ADDRESS		
CITY-ST-ZIP	TAMPA FL 33605	Figure	4.4 CITY-1			
TITLE		☐ DELETE	5.1 TITLE	•	17D 2 12080	Change Addition
NAME			5.2 NAME		CHAYTONTON	v.E
STREET ADDRESS				ADDRESS	1726 E. 7 A. A. TAMPA, FL 3.	-
CITY-ST-ZIP			5.4 CITY-1	ST-ZIP	14400 10 m 2.	DODO
TITLE :		[_] OFFER	6 1 TITLE			Change Addition
NAME	:		6.2 NAME			
STREET ADORESS	1		■ 6.3 STREE	LADDRESS		l l

6.4 CITY-ST-ZIP

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.