

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000073830 (9)

1. Corporation Name

Y-Y & L, INC.

Principal Place of Business

Mailing Address

17912 PEPPER TREE LANE
LUTZ FL 33549

17912 PEPPER TREE LANE
LUTZ FL 33549



3. Date Incorporated or Qualified

10/07/1994

3a. Date of Last Report

02/14/1995

2. Principal Place of Business

2a. Mailing Address

21

26

Suite, Apt #, etc.

Suite, Apt #, etc.

22

27

City & State

City & State

23

28

Zip

Country

Zip

Country

24

25

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30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

LIMA, ALBERT P
17912 PEPPER TREE LANE
LUTZ FL 33549

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent's signature required when reinstating.)

Date

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE P
NAME YANGER, WILLIAM H JR.
STREET ADDRESS 324 S. HYDE PARK AVE., SUITE 210
CITY- ST- ZIP TAMPA FL

TITLE VS
NAME YANGER, WILLIAM L
STREET ADDRESS 324 S. HYDE PARK AVE., SUITE 210
CITY- ST- ZIP TAMPA FL

TITLE DT
NAME ALBERT, LIMA
STREET ADDRESS 17912 PEPPER TREE LANE
CITY- ST- ZIP LUTZ FL

TITLE
NAME
STREET ADDRESS
CITY- ST- ZIP

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TITLE
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1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY- ST- ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY- ST- ZIP

3.1 TITLE
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4.1 TITLE
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5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY- ST- ZIP

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY- ST- ZIP

7.1 TITLE
7.2 NAME
7.3 STREET ADDRESS
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8.1 TITLE
8.2 NAME
8.3 STREET ADDRESS
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9.1 TITLE
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10.1 TITLE
10.2 NAME
10.3 STREET ADDRESS
10.4 CITY- ST- ZIP

11.1 TITLE
11.2 NAME
11.3 STREET ADDRESS
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15.1 TITLE
15.2 NAME
15.3 STREET ADDRESS
15.4 CITY- ST- ZIP

16.1 TITLE
16.2 NAME
16.3 STREET ADDRESS
16.4 CITY- ST- ZIP

17.1 TITLE
17.2 NAME
17.3 STREET ADDRESS
17.4 CITY- ST- ZIP

14. I do hereby certify that the information supplied with this filing 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 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Signature Phrase

CR2E034 (3/96)