## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**PROFIT** CORPORATION **ANNUAL REPORT** 



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham Secretary of State

1996

DIVISION OF CORPORATIONS P94000080930 (8) DOCUMENT #

YANNAKIS, INC.

| Principal Place of Business | Mailing Address           |
|-----------------------------|---------------------------|
| 3928 S. THIRD STREET        | 3928 S. THIRD STREET      |
| JACKSONVILLE BEACH FL 32250 | JACKSONVILLE BEACH FL 32: |

| AHOROOMA                  | ILLE DEMON PL 32230   | JACKSONVILLE BEAC  | /FI FL 322 | OU.   |                 |   |                      |                              |                          |
|---------------------------|---|--|------------|-------|-----------------|---|----------------------|------------------------------|--------------------------|
|                           |   |  |            |       |                 | 3. Date Incorporated or Qualified 11/02/1994                      | 3a. Date             | of Last F<br><b>)5/01/</b> 1 |                          |
| 2. Principal Pla          | ace of Business   | 2a. Mailing Address  |            |       |                 | 4. FEI Number   |                      |                              | Applied For              |
| 21                        |   | 26   |            |       |                 | 59-3277074  |                      | المسيد والمسيدة              | Not Applicable           |
| Suite, Apt. #             | #, etc.   | Suite, Apt. #, etc.  |            |       |                 | 5. Certificate of Status Desired                                  |                      |                              | 5 Additional<br>Required |
| City & State              | 1   | City & State   |            |       |                 | 6. Election Campaign Financing                                    | П                    | \$5.0                        | 00 May Be                |
| 23                        |   | 28   |            |       |                 | Trust Fund Contribution   |                      |                              | ed to Fees               |
| <b>Z</b> ip<br><b>24</b>  | Country   | Zip  |            | ıntry |                 | <b>8.</b> This corporation has liability for Florida Statutes Yes | intangible ta:<br>No | : under s                    | 199.032,                 |
| 24                        | 25 9, Name and Address of Current   | 29 <br>Renistered Agent  | 30         | T     |                 | 10. Name and Address of New R                                     |                      | nent                         | ·- <del></del>           |
|                           | g, Name and Address of Current  | negistereo Agent   |            | 81    | Name            | IV. Name and Address of New H                                     | egistered A          | yent                         |                          |
| SIMDS                     | ON, KURT ANDREW   |  |            |       |                 |   |                      |                              |                          |
|                           | S. THIRD STREET   |  |            | 82    | Street Addres   | ss (P.O. Box Number is Not Acceptab                               | ole)                 |                              |                          |
|                           | SONVILLE BEACH FL 32250   |  |            | 83    |                 | /ar 1486 / a 16 16 16 16 16 16 16 16 16 16 16 16 16               |                      |                              |                          |
|                           |   |  |            | 84    | City            |   |                      | <b>B5</b> Z                  | ip Code                  |
|                           | o the provisions of Sections 607.0502   | **************************************   |            | LJ    |                 |   | ĻĻ                   | <u> </u>                     |                          |
| familiar wit<br>SIGNATURE | ed agent, or both, in the State of Floridi<br>th, and accept the obligations of, Section<br>Signature, typed or pented rame of registered agent a | rı 607.0505, Florida Statutes.   |            | ·     | oration's board |   | ointment as I        | egistere                     | a agent. I am            |
| 12.                       | OFFICERS AND  | A CONTRACT OF STATE AND ADDRESS OF A STATE OF STATE AND ADDRESS OF A STATE OF | 13.        |       |                 | ADDITIONS/CHANGES TO OFF  | ICERS AND            | DIRECTO                      | ORS IN 12                |
| TITLE                     | PD  | DELETE   | 1 1 T      | ITLE. |                 |   | ·                    | ) Change                     |                          |
| NAME                      | CONDAXIS, JOHN  |  | 12 N       | AME   |                 |   |                      |                              |                          |
| STREET ADDRESS            | 1710 ASHMORE GREEN DR   | IVE  | 135        | TREET | ADDRESS         |   |                      |                              |                          |
| CITY-ST-ZIP               | JACKSONVILLE FL 32246   |  | 140        | 11Y-S | ST-ZIP          |   |                      |                              |                          |
| TITLE                     | STD   | 💢 DELETE   | 2 1 1      | ITLE  |                 |   |                      | ) Change                     | Addition                 |
| NAME                      | YALE, RICHARD   |  | 22 N       | AME   |                 |   |                      |                              |                          |
| STREET ADDRESS            | 903 RIVER OAKS ROAD   |  | 238        | TREET | ADDRESS         |   |                      |                              |                          |
| CITY-ST-ZIP               | JACKSONVILLE FL 32207   |  | 24 G       | HY-S  | IT-ZIP          |   |                      |                              |                          |
| TITLE                     |   | DELETE   | 3 1 1      | ITLE  |                 |   |                      | ] Change                     | Addition                 |
| NAME                      |   |  | 32 N       | AME   |                 |   |                      |                              |                          |
| STREET ADDRESS            |   |  | 3.3. \$    | TREF  | F ADDRESS       |   |                      |                              |                          |
| CHTY-ST-7IP               |   |  |            |       | IT-ZIP          |   |                      |                              |                          |
| TITLE                     |   | DELETE   | 4.11       |       |                 |   |                      | ] Change                     | Addition                 |
| NAME                      |   |  | 4 2 N      | AME   |                 |   |                      |                              |                          |
| STREET ADDRESS            |   |  | 4.3 S      | TREET | ADDRESS         |   |                      |                              |                          |
| CITY-ST-ZIP               |   | FT DELETE  |            |       | 31 - ZIP        |   |                      | 7 0                          | ET Address               |
| TITLE                     |   | DELETE   | 5.11       |       |                 |   | l_                   | ] Change                     | Addition Addition        |
| NAME                      |   |  | 5.2 N      |       |                 |   |                      |                              |                          |
| STREET ADDRESS            |   |  |            |       | ADDRESS         |   |                      |                              |                          |
| CITY-ST-71P               |   | FT DELEXE  |            |       | 51- <b>2</b> 1P |   |                      | 7 66                         |                          |
| TITLE                     |   | DEFEA  | 6 1 7      |       |                 |   | Ĺ.                   | ] Change                     | Addition                 |
| NAME                      |   |  | . 6.2 N    |       |                 |   |                      |                              |                          |
| STREET ADDRESS            |   |  |            |       | ADORESS         |   |                      |                              |                          |
| CITY-ST-ZIP               |   |  | 6.4 C      | (1Y-S | 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 a mual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under cath; 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 in thangen, or on an attachment with an address.

SIGNATURE:

The Company of Signing Officer or Director

4-22 -96 904-247-1514