

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

**APPROVED AND FILED**

55 MAY -1 PM 2:31

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Northing  
Secretary of State  
Tallahassee, Florida 32399-0400

DOCUMENT # **P94000084643 (3)**  
YADON ENTERPRISES INC.

Principal Office Address: 16371 S.E. 117TH AVENUE WEIRSDALE FL 32195  
Mailing Address: 16371 S.E. 117TH AVENUE WEIRSDALE FL 32195

PLEASE WRITE IN THIS SPACE

3. Date incorporated or qualified		3a. Date of last report	
11/16/1994			
2. Principal Office Address	2a. Mailing Address	4. FEI Number	Applied For Fict. Organization
21. 400 N. 14 <sup>th</sup> St. Leesburg, FL	26. State: Apt # etc.	59-3260143	
22. State: Apt # etc.	27. City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23. City & State	28. City & State	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24. State	25. County	29. State	30. County
		7. This corporation has adopted the alternative fee schedule for 1995 Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
YADON, DEWAYNE 16371 S.E. 117TH AVENUE WEIRSDALE FL 32195		B1. Name	
		B2. Street Address (if O. Box Number is Not Acceptable)	
		B3.	
		B4. City	FL B5. Zip Code

11. Pursuant to the provisions of Sections 607.05(5) and 607.1408, 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. Thereby, we accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.05(5), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS	
NAME	PTD YADON, DEWAYNE 16371 S.E. 117TH AVENUE WEIRSDALE FL 32195	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME	VPS PAGE, LISA DAWN 6019 S.E. EARP ROAD BELLEVUE FL 34420	TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	
NAME		TYPE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS		STREET ADDRESS	
CITY		CITY	
STATE		STATE	
ZIP CODE		ZIP CODE	

14. I, the undersigned, certify that the information supplied with this filing is substantially true and correct and that I qualify for the corporation stated on line 12. I am a resident of Florida. I further certify that the above information is true and correct and that my corporation shall have the same legal effect as if made under oath. That I am an officer or director of the corporation or the corporation is authorized to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report as an officer or director with an address.

SIGNATURE: \_\_\_\_\_  
SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

4-30-95 904-728-4507