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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9500005574 (5)

BILL YOUNG, R.L.A., P.A.

1997

Principal Place of Business

Mailing Address

12831 SHORESIDE LANE WELLINGTON FL 33414 12631 SHORESIDE LANE WELLINGTON FL 33414-800

FILED Feb 26 1997 8:00am Secretary of State



WELLINGTON F	FL 33414	WELLINGTON FL 33414-8006	3		
				3. Date Incorporated or Qualified 01/19/1995.	3a. Date of Last Report 08/23/1996
2. Principal Pla	ace of Business	2a, Mailing Address	k St.	4, FEI Number 65-0548953	Applied For Not Applicable
Suite, Apt. #	#, etc.	Suite, Apt. #, etc.		5, Certificate of Status Desired	\$8.75 Additional
22		City & State			Fee Required
City & State	tana, FL	28 Laulana	FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24 334	62 Country	29 33462.	Country U.S.	8. This corporation has liability for in	ntangible tax under s. 199.032, Yes No
24 701	9. Name and Address of Curren		<u> </u>	10. Name and Address of New Reg	
YOU	JNG, WILLIAM		81 Name		
	SI-SHORESIDE LANE 117 S	S. OAK St.	82 Street Add	iress (P.O. Box Number is Not Acceptab	le)
	LINGTON FL 39414 Lank	ana, FL ABYLL			
		1	83		
			B4 City		FL 85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050)2 and 607.1508, Florida Statuter	s, the above-named corp	poration submits this statement for the p	urnose of changing its registered
office or re agent. I ar	egistered agent, or both, in the State m familiar with, and accept the oblig	of Florida. Such change was au ations of, Section 607.0505, Flor	ithorized by the corpora ida Statutes.	ntion's board of directors. I hereby accep	t the appointment as registered
SIGNATURE .	Signature, typed or printed name of registered age	CONTRACTOR AND A STATE	Registered Agent signature requ	dead , the each and the	DATE
12.		ID DIRECTORS	13.	ADDITIONS/CHANGES TO OFFIC	
TITLE	P	DELETE	1.1 TITL€		Change Addition
NAME	YOUNG, WILLIAM		1.2 NAME		
STREET ADDRESS	12631 SHORESIDE LANE	7 S. DAK St.	1.3 STREET ADDRESS		
CITY - ST - ZIP	WELLINGTON FL 39414 - 1.	antona, FL 33461	1.4 CiTY-ST-ZIP		
TITLE		DELETE	2.1 TITLE	3	Change Addition
NAME			22 NAME	:	
STREET ADDRESS			23 STREET ADDRESS		1
CITY-ST-ZIP			2. 4 CITY-ST-ZIP		
TITLE		☐ DELETE	3 1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY - ST - ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CHY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		DELETE	5.1 TITLE		Change Addition
NAMÉ			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		DELETE	6.1 TITLE		Change Addition
) 	1				 · • · · · · ·
NAME			62 NAME		
NAME STREET ADDRESS			6.2 NAME		,
NAME STREET ADDRESS CITY-SY-ZIP		_	6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP		

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 progration 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 or aligned, or on an attachment with an address.

SIGNATURE:

E AND TYPED OR PRINTED NAME OF MANING OFFICER OR DIRECTOR

413/97

586-7697