


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

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May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # P95000013283 (3) 1. Corporation Name Y.P.C., INC			
Principal Place of Business 1819 Kings Avenue Jacksonville, FL 32207		Mailing Address 1819 Kings Avenue Jacksonville, FL 32207	
2. Principal Place of Business 21 305 West Grand Avenue Suite, Apt. #, etc. 22 Suite 100 City & State 23 Montvale, NJ Zip 24 07645		2a. Mailing Address 26 305 West Grand Avenue Suite, Apt. #, etc. 27 Suite 100 City & State 28 Montvale, NJ Zip 29 07645 Country 30 USA	
9. Name and Address of Current Registered Agent HANSON, KARL B JR 50 N. LAURA STREET SUITE 2800 JACKSONVILLE FL 32202		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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 signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP 1.5 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.6 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.7 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.8 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.9 TITLE NAME STREET ADDRESS CITY - ST - ZIP 1.10 TITLE NAME STREET ADDRESS CITY - ST - ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 19.07(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.			
SIGNATURE: <u>Jon B. Friedman</u> Signature and Typed or Printed Name of Signing Officer or Director Jon B. Friedman V.P.			



CR2E034 (9/96)

April 24, 1997 (201) 505-0480
Date Daytime Phone

0032280