PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

1999 DOCUMENT # **P95000015305**

1. Corporation Name

Mar 25, 1999 8:00 am Secretary of State

03-25-1999 90001 030 ***150.00

YATES, INC.								
	<u>.</u>							
Principal Place of Business Mailing Address						-{ (E3)(50) (10 19)		
590 EAST 25TH STREET 590 EAST 25TH STRI								
SUITE 601 SUITE 601								
HIALEAH FL 33013 HIALEAH FL 33013						DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed 02/23/1995		
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number	Ap	plied For
26						65-0559592		t Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc.						5. Certificate of Status Desired Fee Required		,
22		27	<u> </u>			<u> </u>		
City & Stat	e → ~.	⊢ '	City & State			6. Election Campaign Financing \$5.00 May Be		
23	<u> </u>	28	Zip Country			Trust Fund Contribution Added to Fees		
Zip						8. This corporation owes the current year Intangible Personal Property Tax.		
24		25 29 30				Personal Property Tax.		
9. Name and Address of Current Registered Agent				81	Name	10. Name and Address of New Registered Agen	•	
BOHATCH, JIOHN S								
19 W. FLAGLER ST.				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		İ
14TH FLOOR				83				
MIAMI FL 33130				63				
MID 1111 1 E 30 100				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 signature required when reinstating)								
12.	OFFICERS AND		13,	7.901	i ograni	ADDITIONS/CHANGES TO OFFICERS AND DI	RECTO	RS IN 12
TITLE	D	☐ DELETE	1.1 10	TLE			Change	☐ Addition
NAME	YATES, KATHLEEN R		1.2 N/	1.2 NAME				
STREET ADDRESS	ACC 111 N TO 1 O D O C D D D C		1.3 ST	REET	ADDRESS			
CITY-ST-ZIP	ANALI OPPINGO EL		1.4 CI		1			ſ
TITLE	D DELETE 21T					Change	Addition	
NAME -	U1770 B100 11		2.2 N	2.2 NAME				
STREET ADDRESS	OFO HUNTING LODGE DRIVE			REET	T ADDRESS			1
CITY-ST-ZIP	MALE CODINGS EL			2. 4 CITY-ST-ZIP				
TITLE		☐ DELETE	3.1 TJ				Change	Addition
NAME		*	3.2 N	ME	+		~	
STREET ADDRESS	1		3.3 \$1	REET	TADORESS	•		Ì
CITY-ST-ZIP			3.4. C	ΠY-S	ST-ZIP .			
TITLE "	-	☐ DELETE	4.1 TT	TLE			Change	☐ Addition
NAME			4. 2 N	AME				
STREET ADDRESS			4.3 ST	REET	TADDRESS			
CITY-ST-ZIP			4.4 CI	TY-S1	T-ZIP			
TITLE	DELETE 5.1 T					Change	Addition	
NAME	·		5.2 N/	AME				
STREET ADDRESS			5.3 \$1	REET	TADORESS			
CITY-ST-ZIP			5.4 CI	4 CITY-ST-ZIP		- 		
TITLE	DELETE 6.11		TLE			Change	Addition	
NAME			6.2 N	AME				{
STREET ADDRESS	}		6.3 \$1	REET	T ADDRESS			ſ

6.4 CITY-ST-ZIP 14. I 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 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, with all other like empowered.

SIGNATURE:

305) 836 194*0*