SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

1996 **DOCUMENT #** P95000031200 (5) YBOR CITY INVESTMENTS, INC. Mailing Address Principal Place of Business **506 CHARLES PLACE 506 CHARLES PLACE** BRANDON FL 33511 BRANDON FL 33511 3. Date Incorporated or Qualified 3a. Date of Last Report 04/20/1995 N/H 4. FEI Number Applied For 2a. Mailing Address 2. Principal Place of Business Not Applicable 26 21 \$8.75 Additional Suite, Apt #. elc Suite Apt #, etc 5. Cert-ficate of Status Desired Fee Required 27 22 City & State \$5.00 May Be 6. Election Campaign Financing City & State Trust Fund Contribution Added to Fees 28 23 8. This corporation has liability for intangible tax under s 199 032 Country Zip Yes 🔀 No Florida Statutes 30 25 29 24 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name GOLDSMITH, JOHN D Street Address (P.O. Box Number is Not Acceptable) 2700 BARNETT PLAZA 82 **TAMPA FL 33602** 83 Zip Code 85 84 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. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of Section 607.0505. Florida Statutes. (thin) E. Registered Agent signature region distribution (curiod) SIGNATURE Sognature, type the penter transmiction peters all agent and the it applicable ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. OFFICERS AND DIRECTORS 12 Change Addition DELETE 1.1 TITLE TITLE 1.2 NAME YOB, JONATHAN NAME 13 STREET ADDRESS STREET ADDRESS **506 CHARLES PLACE** 14 CITY - ST - 7P2 BRANDON FL 33511 CITY - ST - ZIP Change Addition DELETE 2.1 11111 TITLE 2 2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY - ST - 21P CITY-ST-ZIP Change Addition DELETE 3 1 TITLE TITLE 3.2 NAME NAME 3 3 STREET ADDRESS STREET ADDRESS 3.4 CiTY - \$1-7IP CITY-ST-ZIP Change Addition DELETE 4.1 Tible TiTLE 4.2 NAME NAME 4.3 STREET ADORESS STREET ADDRESS 44 C-1Y ST 2 P CITY-ST-ZIP Change Addition DELETE 5.1 TITLE TIFLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - S1 - 7-P CITY-ST-ZIP Change Addit on DELETE 617016

14. Ido 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 1 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 compitation or the receiver or trusted empowered to execute this report as required by Chapter 617. Florida Statutes, and that my name appears in Block 13 or florida Statutes and that my name appears in Block 13 or florida Statutes. City-ST-ZiP

6.4 (DTY - ST - ZIP

6.2 NAME 6 3 STREET ADDRESS

SIGNATURE:

TITLE

STREET ADDRESS

JON A. YOB (Pres) SIGNATURE AND TYPES OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(36/8)

CR2E034