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

PROFIT CORPORATION ANDUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Moglham. 
Secretary of State

	1996	DIVISION OF CO	ORPORATIONS			
1. Corporation	MENT # <b>P95(</b> YBOOK CREATIONS, IN	000033352 (2)				
SION	TOOK CHEATIONS, IN	<b>.</b>				
Principal Place	01171100	F To Mailing Address			il manic mateur niema ilidia i	HILE DARRO HUN HUN
1827 MIDDL	P RIVER DRIVE	1827 MIDDLE RIVER DRIV	<i>r</i> E			
20	600 NE 34th St.	2600 NE 3	34th St.			
Fort Lauderdale, FL 33306 Fort Lauderdale			e, FL 33306	3. Date incorporated or Qualified 04/28/1995	3a. Date of Last	Report
2. Principal Pl. 21	lace of Business	2a. Mailing Address		4. FEI Number 65-0585899		Applied For Not Applicable
		Collect	'auna	5. Certificate of Status Desired	\$8.7	75 Additional
22	Sally Fayne 2600 NE 34th St.	Sally F. 2600 NE	ayne 34th St		F00	e Required
	auderdale, FL 33306	28 Fort Lauderda	le, FL 33306	Election Campaign Financing     Trust Fund Contribution		.00 May Be ded to Fees
7-IP	Country	Zip	Country	8. This corporation has liability for	intangible tax under	
24 ^	25 g. Name and Address of Co		30	L	s XNo	
<del></del>		<u>-</u>	81 Name	10. Name and Address of New	Registered Agent	
FAYNE,	SALLY	ANGE TO		/D/O Pou Number le New A	L.L.	
1827 MIDDUE RIVER DR. Sally Fayne			82 Street Address (P.O. Box Number is Not Acceptable)			
APT. 2	$\wedge$	2600 NE 34th St.	83			
FĮT. LAU	JOERDALE FL 33305	Fort Lauderdale, FL 33306	6 84 City		<b></b> 85	Zip Code
11 Pursuant t	to the provisions of Sections 607	0502 and 607 1509. Florida Statutos	the above named come	ration pulpoits this statement for the pu		
or register	red agent, or both, in the State of	Florida. Such change was authorized Section 607.0505, Florida Statutes.	by the corporation's boa	ration submits this statement for the pure of directors. I hereby accept the app	irpose of changing its xxintment as register	s registered office ed agent. I am
		Section 607.0505, Florida Statutes.	8000 7	Oune	4-2-9	
SIGNATURE.	Signature, typod or printful name of registery		Sally 7 Rogistered Agent of ature require	d who reinstatingt	4-8-9 DATE	
12.		S AND DIRECTORS	13.	ADDITIONS/CHANGES TO OF	· · · · · · · · · · · · · · · · · · ·	
TITLE NAME	DIRECTOR	□ DELETE	1. 1 TITLE		☐ Change	e 🔲 Addition
STREET ADDRESS	SALLY FAYN	'C.	1.2 NAME 1.3 STREET ADDRESS			
CITY-ST-ZIF	FT. LAUNFRDA	ALE, FL 39306	1.4 CITY-ST-ZIP			
TITLE	TO COLOR	☐ DELETE	2 1 TITLE		☐ Change	e 🗍 Addition
NAME			2.2 NAME			
STREET ADDRESS			2 3 STREET ADDRESS			
CITY - ST - ZIP	ļ		2.4 CITY-ST-ZIP			
TITLE		☐ DELETE	3.1 TITLE		Change	e 🔲 Addition
NAME STREET ADDRESS			3.2 NAME			
CITY-ST-ZIP			3.3. STREET ADDRESS 3.4 CITY-ST-ZIP			
TITLE		□ DELETE	4. 1 TITLE	<u> 4000017</u>	9625%	e
NAMI;		_	4.2 NAME	<b>4000017</b> -04/26/9601 ***200,00	0540T1 *	
STREET ADDRESS			4.3 STREET ADDRESS	₹₹₹∠UU,UU		•
CITY-ST-ZIP		**************************************	4.4 CHTY - ST - ZIP			
TITLE		DELETE	5. 1 TITLE		☐ Change	e 🗌 Addition
NAME.			5 2 NAME			
STREET ADDRESS			5.3 STREET ADDRESS			
CITY-ST-ZIP TITLE		DELETE	5 4 CITY - ST - ZIP 6 1 TITLE		☐ Change	e
NAME		C. Octob	62 NAME			- LI AUGUION
STREET ADDRESS			6 3 STREET ADDRESS			•
CITY -\$1-ZIP			6 4 CITY - ST - ZIP			
14. I do hereb	by certify that the information supp	blied with this filing is voluntarily furnished	ed and does not qualify f	or the exemption stated in Section 119	.07(3)(k), Florida Stat	utes. 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:

Sally Fayne SIGNATURE AND TOP BY THE DAME OF S

SALLY FAYNE

4/8/96 954-566-2751