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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

1996

DOCUMENT #

P95000051065 (7)

1900 N. 28TH AVENUE HOLLYWOOD FL 3000 3. Date incorporated or Guelifed 3a. Date of Last Report 06/30/1995 06/30/199	Corporation YOUT	TH HOPE, INC.	J0051065 (/	/) 						
2. Principal Place of Business	1900 N. 261	TH AVENUE	1900 N. 26TH AVENU				L 54811480 110 16181 91111 98111 E	1644 00 410 1194 (61 4		
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27 City & State		#, etc.								
City & State City & State City	22		<u> </u>				5. Certificate of Status Desired			
Zep)					6. Election Campaign Financing			
25		Country		п			Trust Fund Contribution		Adde	ed to Fees
9, Name and Address of Current Registered Agent NEMETH, VICTORIA 1900 NORTH 26TH AVENUE HOLLYWOOD FL 33020 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 agent registered agent, or both, in the State of Florida, Such change was authorized by the corporation's board of directors. Therefore accept the appointment as registered agent familiar with, and accept the obligations of. Section 607.0505, Florida Statutes. SIGNATURE Signature Page and protein familiar with, and accept the obligations of Section 607.0505, Florida Statutes. SIGNATURE Signature Page and Agent signature majured when terisuary. DATE 12. OFFICERS AND DIRECTORS 1.1 III.E. T. S. Change A. D. D. D. Change A. D. D. Change A. D. D. Change A. D. D. Change A. D. D. D. Change A. D. D. D. Change A. D. D. Change		— ·			ntry				under s	199.032,
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14. I do 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. I furnished 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 upon the composition or the receiver or trustee employed to execute and that my signature shall have the same legal effect as if made upon the composition or the receiver or trustee employed to execute and that my signature shall have the same legal effect as if made upon the composition of	14. I do hereby o	certify that the information supplied w	ith this filing is voluntarily furnis	bod and de		nd number	for the exemption stated in Section 1197	17(3)(k), Florid	a Statuti	es I further

SIGNATURE:

NATIONAL VICTORIA NOME OF SIGNING OFFICER OF DIRECTOR

17/04/96 305-921-6284