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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000051065

1. Corporation Name

YOUTH HOPE, INC.

Principal Place of Business

Mailing Address

FILED Apr 23, 1999 8:00 am Secretary of State 04-23-1999 90096 048 ***150.00



1900 N. 26TH AVENUE 1900 N. 26TH AVENUE HOLLYWOOD FL 33020 HOLLYWOOD FL 33020							
HOLL I WOOD FI	E 33020	HOLLINOOD PE 33020			DO NOT WRITE IN THIS SE	PACE	
					3. Date Incorporated or Qualifed 06/30/1995	:	
Principal Place of Business 2a. Mailing Address			-		4. FEI Number	A	pplied For
21		26			65-0592694	N	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		•	5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	9	City & State	City & State		6. Election Campaign Financing	\$5.00	May Be
23	•	28	8		Trust Fund Contribution		to Fees
Zip	Country	Zip	Zip Coun		8. This corporation owes the current year Intan	gibl e	
24	25	29 30	l		Personal Property Tax.	Yes	Ŀ₹No
Name and Address of Current Registered Agent					10. Name and Address of New Registered Ag	ent	
AIFAIFTI MOTORIA				Name			}
NEMETH, VICTORIA 1900 NORTH 26TH AVENUE			Ī	32 Street Add	tress (P.O. Box Number is Not Acceptable)		
HOL	LYWOOD FL 33020		1	33			
	•		1	34 City	, , , , , , , , FL .	85 Zip	Code
11 Pursuant t	to the provisions of Sections 607 0502	and 607.1508. Florida Statutes.	the abo	ove-named con	poration submits this statement for the purpose of ch	anging it	s registered
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: Rec	istered A	gent signature requir	red when reinstating) DATE		
12.	OFFICERS ANI		13.	· · · · · · · · · · · · · · · · · · ·	ADDITIONS/CHANGES TO OFFICERS AND	DIRECT	ORS IN 12
TITLE	PD	☐ DELETE	1.1 TITLE		· ·	Change	☐ Addition
NAME	NEMETH, VICTORIA		1.2 NAŅ	IE .			
STREET ADDRESS	1900 NORTH 26TH AVENUE	• •	-1.3 STR	EET ADDRESS			
CITY-ST-ZIP	LIGHTAWAGE EL		1.4 CITY	/-ST-ZiP			
TITLE	TS	☐ DELETE 2.1 TIT		E		Change	Addition
NAME	MICHAUD, FRANCIS 22 NA		2.2 NAM	Æ			
STREET ADDRESS			2.3 STR	EET ADDRESS			
_CITY-ST-ZIP	HOLLYWOOD FI		2.4 CIT	Y-ST-ZIP	الله الله الله الله الله الله الله الله		
TITLE	DELETE 3.1 TI			E	1	Change	☐ Addition
NAME	3.2 N		3.2 NAM	Æ			}
STREET ADDRESS			3.3 STR	EET ADDRESS			
CITY-ST-ZIP			3.4. CIT	Y-ST-ZIP			
TITLE	☐ DELETE 4.1 TI			E		Change	☐ Addition
NAME			4, 2 NA	ME .			
STREET ADDRESS	· ·		4.3 STR	EET ADDRESS			
CITY-ST-ZIP	·		4.4 CITY	r-ST-ZIP	·		}
TITLE	 	☐ DELETE	5.1 TITL	E		Change	☐ Addition
NAME			5.2 NAM	Œ			
STREET ADDRESS			5.3 STR	EET ADDRESS			ĺ
CITY-ST-ZIP			5.4 CITY	r-ST-ZIP			
TITLE		DELETE	6.1 TITL	E		Change	☐ Addition
NAME	· · · · · · · · · · · · · · · · · · ·		6.2 NAM	KE .			
STREET ADDRESS			6.3 STR	EET ADDRESS			
CITY-ST-ZIP			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, pron an attachment with an address, with all other like empowered.

SIGNATURE: