

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

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P95000074807 (5)

1. Corporation Name

YBOR II GROUP, INC.

FILED

08 APR 23 AM 10

SUPERINTENDENT OF PUBLIC DOCUMENTS
TALLAHASSEE, FLA.



Principal Place of Business	Mailing Address		
2112 NORTH 15TH STREET SUITE 101 TAMPA FL 33605	2112 NORTH 15TH STREET SUITE 101 TAMPA FL 33605		

2. Principal Place of Business	2a. Mailing Address		
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.		
22 City & State	27 City & State		
23 Zip	Country	Zip	Country
24	25	29	30

9. Name and Address of Current Registered Agent			10. Name and Address of New Registered Agent		
SPARR, MIKE 2112 NORTH 15TH STREET SUITE 101 TAMPA FL 33605			81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 2000002501822-5 83 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)

DATE

4-22-98

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	NAME	STREET ADDRESS	1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS
PD	MCMULLEN, THOMAS J JR.	2112 N. 15TH ST., SUITE 101	1.4 CITY-ST-ZIP	2.1 TITLE	2.2 NAME
NAME		TAMPA FL 33605		2.3 STREET ADDRESS	2.4 CITY-ST-ZIP
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	STREET ADDRESS	3.1 TITLE	3.2 NAME	3.3 STREET ADDRESS
VDO	SPARR, MICHAEL D	2112 N. 15TH ST., SUITE 101	3.4 CITY-ST-ZIP		
NAME		TAMPA FL 33605			
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	STREET ADDRESS	4.1 TITLE	4.2 NAME	4.3 STREET ADDRESS
			4.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	STREET ADDRESS	5.1 TITLE	5.2 NAME	5.3 STREET ADDRESS
			5.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
CITY-ST-ZIP					
TITLE	NAME	STREET ADDRESS	6.1 TITLE	6.2 NAME	6.3 STREET ADDRESS
			6.4 CITY-ST-ZIP		
NAME					
STREET ADDRESS					
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.

SIGNATURE *Sandra B. Mortham* *4-22-98* *6-3442-2820*

CR2E034 (10/97)