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Apr 28 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P95000078592 (9)

1. Corporation Name

YIELD MANAGEMENT TRICORP. INC.



Principal Place of Business

27 HAMPSHIRE COURT
NOBLESVILLE IN 46060

Mailing Address

P.O. BOX 744
NOBLESVILLE IN 46061-0744
US

3. Date Incorporated or Qualified

10/12/1995

3a. Date of Last Report

08/05/1996

4. FEI Number

35-1972148

Applied For

Not Applicable

2. Principal Place of Business

21 Suite, Apt. #, etc.

2a. Mailing Address

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip

Country

28 Zip

Country

24

25

29

30

5. Certificate of Status Desired

\$8.75 Additional
Fee Required

6. Election Campaign Financing
Trust Fund Contribution

\$5.00 May Be
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,
Florida Statutes

Yes

No

9. Name and Address of Current Registered Agent

QUINN, DENNIS J. M.
7984 WELLSMERE CIRCLE
ORLANDO FL 32835

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

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, type or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	VP	<input type="checkbox"/> DELETE
NAME	QUINN, DENNIS J. M.	
STREET ADDRESS	7984 WELLSMERE CIRCLE	
CITY - ST - ZIP	ORLANDO FL	
TITLE	P	<input type="checkbox"/> DELETE
NAME	WERKLEY, DAVID H	
STREET ADDRESS	27 HAMPSHIRE COURT	
CITY - ST - ZIP	NOBLESVILLE IN	
TITLE	ST	<input type="checkbox"/> DELETE
NAME	WHITE, EDWARD	
STREET ADDRESS	536 BROADWAY	
CITY - ST - ZIP	AMITYVILLE NY	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	VP/D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	QUINN, DENNIS J. M.	
1.3 STREET ADDRESS	7984 WELLSMERE CIRCLE	
1.4 CITY - ST - ZIP	ORLANDO FL 32835	
2.1 TITLE	P/C/S/T	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	WERKLEY, DAVID H.	
2.3 STREET ADDRESS	27 HAMPSHIRE COURT	
2.4 CITY - ST - ZIP	NOBLESVILLE, IN 46060	
3.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	WHITE, EDWARD P.	
3.3 STREET ADDRESS	465 ENDS BOULEVARD	
3.4 CITY - ST - ZIP	GARDEN CITY, NY 11530-4807	
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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 2 or Block 13 if changed, or on an attachment with an address

SIGNATURE: *David H. Werkley* *DAVID H. WERKLEY* 4/21/97 (317) 877-5442

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (9/96)