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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000079482

1. Corporation Name

Y AND Z CORPORATION

Principal	Place	of Business	

FILED Apr 15, 1999 8:00 am Secretary of State

04-15-1999 90135 016 ***150.00



Principal Place of Business Mailing Address										
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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, and familiar with, and accept the obligations of, Section 607,0505, Florida Statutes. SIGNATURE SIGNATURE OFFICERS AND DIRECTORS . 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL PSTD OFFICERS AND DIRECTORS . 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 TILL PSTD OFFICERS AND DIRECTORS . 13. TILL STREET ADDRESS CITY-ST-ZP MAMI FL 33186 DELETE 21 TILL 22 NAME 23 STREET ADDRESS CITY-ST-ZP TITLE DELETE 31 TILL 22 NAME 32 STREET ADDRESS CITY-ST-ZP TITLE DELETE 31 TILL ACTIVE ST-ZP TITLE DELETE 31 TILL ACTIVE ST-ZP TITLE DELETE 31 TILL ACTIVE ST-ZP TITLE DELETE 51 TILL ACTIVE ST-ZP TITLE DELETE 51 TILL ACTIVE ST-ZP TITLE DELETE 51 TILL ACTIVE ST-ZP Change Addition Addition AMAC STREET ADDRESS CITY-ST-ZP DELETE 51 TILL DELETE 51 TILL ACTIVE ST-ZP TITLE DELETE 51 TILL ACTIVE ST-ZP Change Addition AMAC STREET ADDRESS CITY-ST-ZP DELETE 51 TILL ACTIVE ST-ZP TITLE DELETE 51 TILL ACTIVE ST-ZP Change Addition AMAC STREET ADDRESS CITY-ST-ZP DELETE 51 TILL ACTIVE ST-ZP Change Addition AMAC STREET ADDRESS CITY-ST-ZP Change Addition AMAC STREET ADDRESS CITY-ST-ZP TITLE DELETE 51 TILL CHANGES STREET ADDRESS ST	7HQ	LL UN				•				
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14. I hereby certify that the information supplied with the filting 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 suppliemental actual report is five 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 inevective of trustee empowered to execute this apport as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or office an attempt and other like empowered.

SIGNATURE: