## 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 # P95000079553 (0)

SPIRITUAL HUMAN YOGA OF SOUTH FLORIDA, INC. Mailing Address Principal Place of Business 7375 TEXAS TRAIL 7375 TEXAS TRAIL **BOCA RATON FL 33487** DO NOT WRITE IN THIS SPACE **BOCA RATON FL 33487** 3. Date Incorporated or Qualified 10/17/1995 Applied For 2. Principal Place of Business 225 NE2/AVE 2a. Mailing Address 225 NE2/AVE 4. FEI Numbe Not Applicable 65-0662470 26 BOYNTON BEACH FL. 33435 BOYNTON BEACH FL. 33435 \$8.75 Additional Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required Suite, Apt. #, etc. \$5.00 May Be 22 6. Election Campaign Financing City & State City & State  $\Box$ Added to Fees Trust Fund Contribution 28 This corporation owes or has paid the current year intangible □ No Yes 29 30 Personal Property Tax due June 30. 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name VAN DIEP, XUAN 7375 TEXAS TRAIL Street Address (P.O. Box Number is Not Acceptable) **BOCA RATON FL 33487** City 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) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. DELETE 1 1 TITLE Change \_\_\_ Addition TITLE VAN DIEP, XUAN NAME 1.2 NAME YUAN-VAN - DIEP STREET ADDRESS 7375 TEXAS TRAIL 1.3 STREET ADDRESS 225 NE 21 AVE BOCA RATON FL 33487 CITY-ST-ZIP 1.4 CITY - ST - ZIP BOYNTON BEACH FL. DELETE 2.1 TITLE Addition 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change DELETE Addition TITLE 3 1 TITLE NAME 3.2 NAME 3.3 STREET ADDRESS STREET ADDRESS City-St-ZW 3.4. CITY-ST-ZIP DELETE ☐ Change Addition TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY - ST - ZIP DELETE Change Addition TITLE 5 1 TITLE NAME 5.2 NAME STREET ADDRESS **5.3 STREET ADDRESS** CITY - ST - ZIP 5.4 CITY-ST-ZIP DELETE ☐ Addition TITLE 6.1 TITLE 6.2 NAME NAME 6.3 STREET ADDRESS 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 suppliemental 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: <

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3-10-98

(561) 364-4775

**FILED** 

Mar 18 1998 8:00am

Secretary of State