## FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996

P95000089084 (4)

I.Y.Q. ASSOCIATES, INC.

**DOCUMENT #** 



Principal Place	of Business	IVI	alling Address								
4186 16TH ST E ELLENTON FL 34222			4186 16TH ST E ELLENTON FL 34222								
							3. Date Incorporated or Qualified 11/21/1995	3a. Date	of Last	Report	
2. Principal Pla	ace of Business	2a	. Mailing Address				4. FEI Number	701	L	Applied For	
ī		26					65-0625	186		Not Applicable	
Suite, Apt. #, etc.		27	Suite, Apt #, etc.		5. Certificate of Status Desired			5 Additional Required			
City & State		28	City & State				6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees				
Zip 4	Country 25	29	Zgi	Cour	ntry		8. This corporation has liability for Florida Statutes	intangible tax	under	s 199.032,	
Ц	9. Name and Address of Currer	it Regis	stered Agent				10. Name and Address of New F	legistered A	gent		
					81	Name					
BOWE, HARRY R 4186 16TH ST E				82 Street Add			ess (P.O. Box Number is Not Acceptat	ole)			
	ITON FL 34222				83						
	., ., ., .				64	City		FL	85	Žip Code	
SIGNATURE .	Signature, typed or purbed name of signature diagnostic OFFICERS AN			ÖTE Registrad	. A.j.:	d soprature require	t when readate of ADDITIONS/CHANGES TO OFF	DATE ICFRS AND	DIRECT	ORS IN 12	
TITLE	D		DELETE	1 T	ITLE				Chang		
NAME	BOWE, HARRY R		<u>_</u>	1 2 N/							
STREET ADDRESS	4186 16TH ST E					ADDRESS					
CITY+ST-ZIP	ELLENTON FL 34222			14 CI	ITY - S	5T-7 P					
ITLE	D		DELETE	2 1 T	11 <b>LF</b>				] Chang	e 🔲 Addition	
(AME	BOWE, VICTORY A			2.2 N	AME						
STREET ADDRESS	4186 16TH ST E			2351	TREET	LADDRESS					
CITY - ST - ZIP	ELLENTON FL 34222					ST - 21P			7 0	- C) Adams	
ITLE			DELETE	3 1 7				L	] Chang	e 🔲 Additio	
				3 2 N	ANTE	ŀ					
				000		LABBRECC					
						LADDRESS					
ITY-S1-ZIP			DELETE		-Tγ - S	LADDRESS ST-ZIP			] Chang	e	
CITY-S1-ZIP			☐ DELETE	3.4.0	iTr - S DTLE				] Chang	e 🔲 Additio	
CITY-S1-ZIP THILE NAME			DELETE	340 41T 42N	oty - S litle IAME				] Chang	e 🔲 Additio	
DITY-S1-ZIP HTLE HAME STREET ADDRESS			☐ DELETE	34C 41T 42N 43S	OTY - S DITLE IAME JIHEE	51 - ZIP					
DITY-S1-ZIP HTLE NAME STREET ADDRESS DITY-ST-ZIP			DELETE	34C 41T 42N 43S	uty - S ditue Jame Jabee Japee	ST-ZIP			Chang		
CITY-S1-ZIP  ITLE  NAME  STREET ADDRESS  CITY-ST ZIP  TITLE				340 4 1 T 42 N 43 S 44 C	OTY - S DITLE IAME IAME IAME INT. E	ST-ZIP					
CITY-S1-ZIP HILE NAME STREET ACORESS CITY-ST_ZIP HILE NAME				34 C 4 1 T 4 2 N 4 3 S 4 4 C 5 1 T 5 2 N	OTY - S BITCE IAME BHEEL BTY - S BIT, E IAME	ST-ZIP					
DITY-S1-ZIP HITE HAME STREEL ADDRESS DITY-ST ZIP HITE HAME STREEL ADDRESS DITY-S1-ZIP			) DELETE	34 C 4 1 T 4 2 N 4 3 S 4 4 C 5 1 T 5 2 N 5 3 S 5 4 C	OTY - S DITUE JAME JAME JULLE JAME STREE STREE	ST-ZIP CADDRESS ST-ZIP			<b>]</b> Chang	ie 🔲 Addit c	
DITY-S1-ZIP HITE HAME STREEL ADDRESS DITY-ST ZIP HITE HAME STREEL ADDRESS DITY-S1-ZIP				34C 4 11 42N 43S 44C 5 11 52N 53S 54C	OTY - S DITLE  DITLE  MREH  MR	I ADDRESS SI-ZIP				ie 🔲 Addit c	
CITY-S1-ZIP TITLE NAME STREET ACORESS CITY-ST-ZIP TITLE NAME STREET ACORESS CITY-S1-ZIP TITLE NAME			) DELETE	34C 4 11 42N 43S 44C 5 11 52N 53S 54C 6 11	OTY - S DITLE MARE MARE DITLE MARE MITTELE MARE MARE MARE MARE	I ADDRESS SI-ZIP I ADDRESS SI-ZIP I ADDRESS SI-ZIF			<b>]</b> Chang	ie 🔲 Addit c	
STREET ADDRESS CITY-S1-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-S1-ZIP			) DELETE	34C 4 11 42N 43S 44C 5 11 52N 53S 54C 611 62N 63S	OTY - STOLE  AME  AME  AME  AME  INTER  AME  INTER  AME  AME  AME	I ADDRESS SI-ZIP			<b>]</b> Chang	ie [] Addit o	

rior hereby certify that the information supplied with this liming is voluntary luthismodated construction and deed not receive the exemption 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 Brock 13 if changed, or op an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED AME OF SIGNING OFFICER OR DIRECTOR

4-19-96