SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1996

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Morthani

Secretary of State

DIVISION OF CORPORATIONS

DOCUMENT # P95000097108 (1)

Y.E. III, INC.



519 SOUTH BEACH ROAD 519 SOUTH BEA HOBE SOUND FL 33455 HOBE SOUND FL						
				 Date Incorporated or 12/26/1995 	Qualified	3a. Date of Last Report
2. Principal Place of Business	2a. Mading Ade	dress		4. FEI Number		Applied For
21 SAME AS 1	ABUS 26 SUMM	A ZA 31	BOVE	65-063195	53	Not Applicable
Suite, Apt #, etc	it. #, etc		5. Certificate of Status I	_	\$8.75 Additional Fee Required	
City & State	27 City & State	2		6. Election Campaign F Trust Fund Contributi	_	\$5.00 May Be Added to Fees
Zip Cou		Cour 30	itry	This corporation has Florida Statutes		angible tax under s 199 032, Yes 🔀 No
25 29 3 3 3 3 3 3 3 3 3			10. Name and Address of New Registered Agent			
9. Name and Add	ness of our car trogister or regen		B1 Name			
POWELL, BRAD 519 SOUTH BEACH ROAD			82 Street Address (P.O. Box Number is Not Acceptable))
HOBE SOUND FL 334	155		83			
			84 City			FL 85 Zip Code
11. Pursuant to the provisions of S office or registered agent or b agent. Familiar with, and a SIGNATURE	ections 602.0602 and 607.1508 Flo off in the State of Florida, Such cha confultife abligations . Section 60	7.0505 Florida Statu	tes	poration submits this statement ton's board of directors. The large with increasing	city troopers	pose or changing its registered the appointment as registered
Signator, the ringer of the	no cultura presenta per tana the Parpicable	(NOTE BARGARIES	Agest signar ne red	ADDITIONS/CHANGE	S TO OFFICE	ERS AND DIRECTORS IN 12
12.	OFFICERS AND DIRECTORS	DELETE 11TH	ı F	ABBITION OF BUILDING		Change Addition
TITLE DP	/	12 %			_	
NAME SAWYER, GARY			HEET ADDRESS			
STREET ADDRESS MAN O'WAR, A	BACO		IY-SI-ZIP			
CITY-ST-ZIP BAHAMAS	LOSAL CARREST	DELETE 21 III		A 1		Change Addition
CHAIRMAI	U CE OSECRETARY	22N	i i	As sho	ردن لا	,
I BRAD (POWELL	1	REF I ADDRESS			
STREET ADDRESS 519 S. B	EACH ROAD SOUPD FL 3345	240	ITY - ST ZIF			
TITLE PRESIDE	OUPD FL JJIS	DELETE 31T				Change Addition
		32N	IM)	As sh	low n	·
	ATROUS AVE	335	HEET ADDRESS	<u> </u>		•
CILY-ST-ZIF TAMPA	EL 33639	340	ITY ST-ZIP	-		
THE TREASU	FL 33639 RER	DELETE 411	TLF			Change Addition
NAME HOLLY F	Power	4 2 N	AME .	As sn	ow N	•
STREET ADDRESS 519 S. B	EACH ROAD	438	RECT ADDRESS			
CITY-SI-ZIP HOBE SO	000 FL 3345	-S- 44C	TY S1-ZIP			
TOTLE		DELETE 511	11 E			Change Addition
NAME		5 2 N	AME			
STREE! ADDRESS		538	TREEL ADDRESS			
CITY - ST - ZIP		540	1Y-ST 2/P			
TITLE		DELETE 611	TLE			Change Addition
NAME		621	AME			
STREET ADDRESS		635	THEF I ADDRESS			
CHTY - ST - ZIP		540	ITY - ST - ZIP			

14. I do hereby certify that the information supplied with this filing is voluntarily turnished and does not qualify for the exemption stated in Section 119 07(3)(k). Florida Statutes 1 further certify that the information indicated on this annual report of supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under onth, that I are an officer or director of the composition of the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changes are an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OF PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

6-10-96 401-546-19