FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000020400 (3)

YANKEE AMBITION, INC.

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

TITLE

NAME

FILED Apr 23 1997 8:00am Secretary of State

Change

Addition

					' Po in Poin (1911)
Principal Plac	e of Business	Mailing Address		1 18911991 181119 8 18911	i anter macen tenst busti pinet Mist unts 1881
	IT TRAIL CIRCLE BEACH FL 33415	1098-B SUMMIT TRAIL CIRCL WEST PALM BEACH FL 3349			
MESI LVIM D	SCROTT PL 33415	WEST PALM BEAUTIFE 3341	13-4101	l l	
				3. Date Incorporated or Qualif	ed 3a. Date of Last Report
				03/04/1996	l l
2. Principal P	lace of Business	2a. Mailing Address	+	4. FEI Number	Applied For
21 /69/	10 / Superity to cia		bungat Ac	(1e 65-0718/2	6 Not Applicable
Stite,/Apt.	# etgh / / / / / /	Suite Apt /#/ etc.	- /1 /1	5. Certificate of Status Desired	\$8.75 Additional
22	[-1 P / /	27	HH		Fee Required
	BAN 1 16// 1 / 1	28 JUSAR 191	/////	6. Election Campaign Financin	, m
*** []	Country		Country	Trust Fund Contribution	Added to Fees for iotangible tax under s. 199.032,
24 B/	VIII LOSA	29 153 445 13	1 10512	Florida Statutes	Yes No
	, Name and Address of Current F	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	" Y ~ U	10. Name and Address of Nev	
DILL	LIAN, WALTER B III		81 Name		
4000 B CHANIT TONI CIDCLE				Address (P.O. Box Number is Not Acce	ntahla)
WEST PALM BEACH FL 33415				Address (F.O. Box Number is Not Acce	placio
			83		
			84 City		85 Zip Code
					FL []
11, Pursuant	to the provisions of Sections 607.0502 a registered agent, or both, in the State of impainting with, and agreed the obligation	ind 607.1508, Florida Statutes,	the above-named	corporation submits this statement for t	he purpose of changing its registered
agent. I a	im amiliar will, and accept the obligation	ons of, Section 607.0505, Florid	da Statutes.	polation's board of directors, 1 hereby a	ccept the appointment as registered
SIGNATURE	Walle Mich	OAller Diu	INN (PR	Cesident)	9/7/9/
	Signature, typod or printed name of registered agent a			required when reinstating)	DATE /
12.	OFFICERS AND E	DELETE	13.	·	FFICERS AND DIRECTORS IN 12 Change Addition
NAME	DILLIAN, WALTER B III	E DELL'IE	1.2 NAME	SIV New Wilson	Change Applitun
STREET ADDRESS	1098-B SUMMIT TRAIL CIRCLE		1.3 STREET ADDRESS	HOW LAKEWELL A	2 5.02
CITY-ST-ZIP	WEST PALM BEACH FL 33415		1.4 CITY-ST-ZIP	Royal PAIM BCL	77411
TITLE	1124, 1124, 521, 111, 12, 14, 15	DELETE	2.1 TITLE	1007al PAIM 13CL	Change Addition
NAME			22 NAME	·	
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP			2. 4 C(1) Y - S1 - Z(P		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS	}	
CITY-ST-ZIP			3.4. CITY-ST-ZIP	<u> </u>	
TITLE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS	1		4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - ST - ZIP		
TITLE		DELETE	5.1 TrillE		Change Addition
NAME		1	5.2 NAME		

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 12 or Block 13 if Thanged, or on an attachment with an address.

5.3 STREET ADDRESS

6.3 STREET ADDRESS 6.4 City - St - Zip

5 4 CITY - S1 - ZIP

6.1 TITLE

6.2 NAME

DELETE