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Feb 06 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # P96000027802 (3)

1. Corporation Name  
YB NORML, INC.



Principal Place of Business Mailing Address  
35960 UNITED STATES HIGHWAY 19 NORTH 35960 UNITED STATES HIGHWAY 19 NORTH  
PALM HARBOUR FL 34683 PALM HARBOUR FL 34683

3. Date Incorporated or Qualified 03/28/1996 3a. Date of Last Report

2. Principal Place of Business 2a. Mailing Address  
21 35960 US 19 N 26 35960 US 19 N  
Suite, Apt. #, etc. Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Palm Harbor, FL 28 Palm Harbor, FL  
Zip Country Zip Country  
24 341083 25 USA 29 341083 30 USA

4. FEI Number 59-3370515 Applied For Not Applicable  
5. Certificate of Status Desired \$8.75 Additional Fee Required  
6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees  
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

AMERILAWYER CHARTERED  
343 ALMERIA AVENUE  
CORAL GABLES FL 33134

81 Name Tax-A-Miser, Inc.  
82 Street Address (P.O. Box Number is Not Acceptable) Kelly Drew  
83 6441 Woodland Lane  
84 City New Port Richey FL 85 Zip Code 34653

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 Kelly L. Drew President, Tax-A-Miser, Inc. 1-18-97  
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	
NAME	OSTEEN, JULIE A	1.2 NAME	
STREET ADDRESS	35960 UNITED STATES HIGHWAY 19 NORTH	1.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOUR FL 34683	1.4 CITY - ST - ZIP	
TITLE	VSTD	2.1 TITLE	
NAME	SLADE, CHARLES D	2.2 NAME	
STREET ADDRESS	35960 UNITED STATES HIGHWAY 19 NORTH	2.3 STREET ADDRESS	
CITY - ST - ZIP	PALM HARBOUR FL 34683	2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

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 changed, or on an attachment with an address.

SIGNATURE: Julie A. Osteen, President, Tax-A-Miser, Inc. 1-18-97 813-785-3874  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)