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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State

DIVISION OF CORPORATIONS

## 1999 P96000032173(2) DOCUMENT #

Yes + Right, Inc

Mar 31, 1999 8:00 am Secretary of State 03-31-1999 90065 027 \*\*\*150.00

Principal Place of Business Mailing Address		•	
1420 WALNUTST 1420 WO 2nd Floor 2nd FLO	inutst or	DO NOT WRITE IN THIS	SPACE
Phila PA 19102 Phila. PA	+ 18105	3. Date Incorporated or Qualifed  4 (11/1966	
2. Principal Place of Business 2a. Mailing Address 21		4. FEI Number 23-2849697	Applied For Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 27		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country Zip Co	puntry	8. This corporation owes the current year Intal Personal Property Tax.	ngible □ Yes □ No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent			
CT Corporation System 1200 South Pine Foland Rd. PLANTATION 71 33324	82 Street Address 83	(P.O. Box Number is Not Acceptable)	
,	84 City	FL	85 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)	ed Agent signature required whe	en reinstating) DATE	
12. OFFICERS AND DIRECTORS 13		ADDITIONS/CHANGES TO OFFICERS AND	DIRECTORS IN 12
TITLE D DELETE 1.1	TITLE		☐ Change ☐ Addition
	NAME		-
STREET ADDRESS 1420 Walnut St. 2nd Fl. 13	STREET ADDRESS		
CITY-ST-ZIP /h.la. PA (9102	CITY-ST-ZIP		
TITLE D DELETE 2.1	TITLE		☐ Change ☐ Addition
	NAME		
7. · · · · · · · · · · · · · · · · · · ·	STREET ADDRESS	•	
CITY-ST-ZIP Phila PA 19102 2.4	CITY-ST-ZIP		

3.3 STREET ADDRESS 3.4. CITY-ST-ZIP

4.3 STREET ADDRESS

5.3 STREET ADDRESS

6.3 STREET ADDRESS

54 CITY-ST-ZIP

4.4 CITY-ST-ZIP

3.1 TITLE 3.2 NAME

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE

6.2 NAME

DELETE

☐ DELETE

☐ DELETE

□ DELETE

6.4 CITY-ST-ZIP 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 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 extachment with an address, with all other like empowered.

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY-ST-ZIP

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME STREET ADDRESS

TITLE

NAME

TITLE

NAME

TITLE

NAME

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

☐ Change

Change

Change

☐ Change

☐ Addition

☐ Addition

☐ Addition

Addition