## **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 #

YOU-GO, INC.

Mailing Address

7787 SNOWBERRY CIRCLE

## **FILED** Jun 11 1997 8:00am Secretary of State



ORLANDO FL S		ORLANDO FL 32819-7179			
				3. Date Incorporated or Qualified	3a. Date of Last Report
				05/17/1996	]
2. Principal Pl	lace of Business	2a. Mailing Address		4. FEI Number	Applied For
21 333	Dandlakekd	26 333000	idleke Kc	7 22-33809	Not Applicable
Spi <del>lio</del> n/Apt 22 OO	1te 205	27 DOTE	205	Certificate of Status Desired	\$8.75 Additional Fee Required
City & State City & State			6. Election Campaign Financing	\$5.00 May Be	
ZID SO COUNTY N ZID S COUNTY COUNTY			Trust Fund Contribution	☐ Added to Fees	
<i>6€</i> ™	819 25 USA	29 339819 30	_ 1 1 1 1	8. This corporation has liability for in Florida Statutes  10. Name and Address of New Reg	Yes No
	9, Name and Address of Current F	registered Agent	81 Nama	10. Name and Address of New Reg	Istered Agent
CARSON, F. TAIT 7787 SNOWBERRY CIRCLE ORLANDO FL 32819  82 STOOL ANDUCKE				ices (P.O. Box Number is No Acceletable	ike Road
	-		84 City	chodo	FL * 33819
11. Pursuant to the provision of Suctions 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 families with and a cept the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE	Signature, typed or printed name of registered agent a	nd life if applicable RNOTE: B	og stered Agent signature requ	SON Tresiden	DATE OF DET
12.	OFFICERS AND D		13.	ADDITIONS/CHANGES TO OFFICE	ERS AND DIRECTORS IN 12
TITLE	D	DELETE	1,1 TITLE	,	Change Addition
NAME	CARSON, F. TAIT		1.2 NAME		
STREET ADDRESS	7787 SNOWBERRY CIRCLE		1.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL 32819		1.4 CITY-ST-ZIP		
TITLE		DELETE	2.1 1111.6		L. Change L. Addition
NAME			2.2 NAME		
STREET ADDRESS			2.3 STREET ADDRESS		
CITY-ST-ZIP		T Street	2. 4 CITY - ST - ZIP		D Observed D Assessed
TITLE		☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE		☐ DELETE	3.4 CITY-ST-ZIP 4.1 TITLE		Change Addition
NAME		- Deceir	4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY - S1 - ZIP		
TITLE		DELETE	5.1 NILE	· .	A Change Addition
NAME			5.2 NAME		To 14
STREET ADDRESS			5.3 STREET ADDRESS		1, 1,
CITY-ST-ZIP			5.4 CITY - ST - ZIP	,	
TITLE		DELETE	6.1 THE		Change Addition
NAME			6.2 NAME	70000221 -06/16/970110	2957
STREET ADDRESS			6.3 STREET ADDRESS	-06/16/970110	1001
CITY-ST-ZIP			6.4 CITY - S1 - ZIP	***165.00	
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 12 and attachment with an address.					