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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Morcham

Secretary of State

■

DIVISION OF CORPORATIONS

DOCUMENT # P9600058146 (7)

YORK DESIGN ASSOCIATES, INC.



97 SEP 17 AM 10: 14

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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Principal Plac	e of Business		Maili	ng Address		-			I LODIKODI KIO IBITA BIITI BUTIL ODINI ODINI				
1900 SW 60 A OCALA FL 344	IVE.		1900	SW 80 AVE. LA FL 34474-1859									
									3. Date Incorporated or Qualified 07/05/1996	3a. Da	te of Last R	eport	7
21	lace of Business	26	- 					4. FELNumber 59.339421	6	No	oplied For of Applicable		
Suite, Apt. #, etc.				Suite, Apt. #, etc.					5. Certificate of Status Desired		\$8.75 / Fee Re	equired	
City & State				City & State					6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip 24	Couritry 25			Zip Cou 30					8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No				
	9. Name and A	ddress of Curren	t Registe	red Agent		L	,		10. Name and Address of New Reg	stered A	gent		
YO	RK, TINA M					81	Name			- <u>-</u>			
190	0 SW 60 AVE. ALA FL 34474					82	Street /	Addres	s (P.O. Box Number is Not Acceptable	e)			
						83							
						84	City			FL	85 Zip (Code	-
11: Pursuant office or r agent. I a SIGNATURE	egistered agen t or m familiar with, air	both, in the State accept the obligate	of Florida. itions of, S	Such change was a Section 607,0505, Flo	authorize orida Sta	d by lutes	the corp s.	ooralion	ation submits this statement for the pun's board of directors. I hereby accept	rpose of the appo	changing it intment as	s registered registered	
	Signature types or jurile	finame of registered age	al Boot Ely	WAM YORK		7 AGO	1 DE U	19.39TE		DATE			ـ ا
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OTV CT 71D						itv c			•				1

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 logal effect as if made under oath; that I am an officer or director of the corporation or the receiver or flustee 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.

12 Mad 1 Tim M 1624 4674.07 353/85426