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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

1997 DOCUMENT # P9600086793 (2)

YOUR PRICE, INC.

FILED May 12 1997 8:00am Secretary of State

Principal Place of Business Mailing Address 1237 NW 192 TERRACE 1237 NW 192 TERRACE PEMBROKE PINES FL 33029 PEMBROKE PINES FL 3302						
				3. Date Incorporated or Qualified 10/18/1996	3a. Date of La	ast Report
2. Principal Place of Business	2a. Mailing Address		· · · · · · · · · · · · · · · · · · ·	4. FEI Number	<u></u>	Applied For
Suite. Apt #, etc.	Suite, Apt. #, etc.	······································	·······	62-0676631	- \$8.	Not Applica 75 Additional
22	27			5. Certificate of Status Desired	1 1	ee Required
City & State	City & State			6. Election Campaign Financing		.00 May Be
23	28	Country		Trust Fund Contribution		ided to Fees
Zip Couritry 25	Zip 29	30	y	8. This corporation has liability for in Florida Statutes	ntangible tax und] Yes □ No	der s. 199.032
9. Name and Address of C		[30]		10. Name and Address of New Reg		
ROSARIO, KATHY L		81	Name			
1237 NW 192 TERRACE		82	Street Add	lress (P.O. Box Number is Not Acceptable	le)	
PEMBROKE PINES FL 33029		83	ļ			
		03				
		84	City		FL 85	Zip Code
11. Pursuant to the provisions of Sections 60 office or registered agent, or both, in the	7.0502 and 607.1508. Florida Sta	tutes, the abov	e-named con	poration submits this statement for the pi	urpose of chang	ing its register
SIGNATURE Signature, type-d or profed name of register 12. OFFICER	ared againt and little of applicable (NRS AND DIRECTORS	IOTE: Registered Ag	eni signature requ	olred when reinstating) ADDITIONS/CHANGES TO OFFIC	DATE ERS AND DIREC	CTORS IN 12
THE President	DELETE	1.1 TITLE			Cha	ange Addi
NAME KAthy L. KOSA	ario 2 Terr. 125, FL 33029	1.2 NAME				
STREET ADDRESS 1887 NW 178	X 1211,		T ADDRESS			
CITY-SI ZIF PEMBLOKE KI	125, FL 33029	1.4 City- 2.1 Title	ST-ZIP		Ch	ange 🔲 Addi
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4. I do hereby certify that the information supplied with this lifting does not quality 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 of the regioner 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 in one attachment with an address.

SIGNATURE:

F SIGNING OFFICER ON DIRECTOR L. ROSATIO 4/8/97 (954) 437-534