

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

FILED

Jun 22 1998 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1998



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

DOCUMENT # P96000091519 (4)

1. Corporation Name:

TRANSPLANTED YANKEE, INC.



Principal Place of Business

Mailing Address

~~407 LINCOLN ROAD~~
~~SUITE 704~~
MIAMI BEACH FL 33139

~~407 LINCOLN ROAD~~
~~SUITE 704~~
MIAMI BEACH FL 33139

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 1140 KANE CONCOURSE

Suite, Apt. #, etc.

22 FIFTH FLOOR

City & State

23 BAY HARBOR ISLANDS, FL

Zip

24 33154

Country

2a. Mailing Address

26 1140 KANE CONCOURSE

Suite, Apt. #, etc.

27 FIFTH FLOOR

City & State

28 BAY HARBOR ISLANDS, FL

Zip

29 33154

Country

3. Date Incorporated or Qualified

11/04/1996

4. FEI Number

~~APPLIED FOR~~ 65-0842127

Applied For

Not Applicable

5. Certificate of Status Desired

☒

\$8.75 Additional

Fee Required

6. Election Campaign Financing

☐

\$5.00 May Be

Added to Fees

8. This corporation owes or has paid the current year Intangible

Personal Property Tax due June 30.

☒

Yes

☐

No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

FEINGOLD, LAURENCE

~~407 LINCOLN ROAD~~

~~SUITE 704~~

MIAMI BEACH FL 33139

81 Name

ROBERT SILVERS

82 Street Address (P.O. Box Number is Not Acceptable)

1140 KANE CONCOURSE

83

FIFTH FLOOR

84

BAY HARBOR ISLANDS

FL

85

Zip Code

33154

11. Pursuant to the provisions of Sections 607.0602 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 607.0605, Florida Statutes.

SIGNATURE

Signature of the person becoming the registered agent and the applicable

(NOTE: Registered Agent Signature required when reinstating)

DATE

6/12/98

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE

D

☒ DELETE

NAME

FEINGOLD, TAMAR

STREET ADDRESS

~~407 LINCOLN ROAD, SUITE 704~~

CITY - ST - ZIP

MIAMI BEACH FL 33139

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

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STREET ADDRESS

CITY - ST - ZIP

TITLE

NAME

STREET ADDRESS

CITY - ST - ZIP

1.1 TITLE

P/V/T/S/D

☒ Change

☒ Addition

1.2 NAME

RANDALL HILLIARD

1.3 STREET ADDRESS

1.4 CITY - ST - ZIP

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY - ST - ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY - ST - ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY - ST - ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY - ST - ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

7.1 TITLE

7.2 NAME

7.3 STREET ADDRESS

7.4 CITY - ST - ZIP

8.1 TITLE

8.2 NAME

8.3 STREET ADDRESS

8.4 CITY - ST - ZIP

9.1 TITLE

9.2 NAME

9.3 STREET ADDRESS

9.4 CITY - ST - ZIP

10.1 TITLE

10.2 NAME

10.3 STREET ADDRESS

10.4 CITY - ST - ZIP

11.1 TITLE

11.2 NAME

11.3 STREET ADDRESS

11.4 CITY - ST - ZIP

300002568129

-06/22/98--01095--024

***8.75

300002568129

-06/22/98--01095--023

***150.00

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 attachment, both as follows:

Randall Hilliard, President, 1998 300002568129

CR2E034 (10/97)