Apr 16, 1999 8:00 am Secretary of State

04-16-1999 90011 041 ***150.00

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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P96000103587

1. Corporation Name

Y AND T INVESTMENTS CORPORATION

Principal Place of Business Mailing Address					L IMMINOR III INCID ANTI MOIST ABEIT AATAL	SIBEL BREMA TEMP ATEMS	MEIL SOME SOME
11685 KERRY DRIVE 11685 KERRY DRIVE							
COOPER CITY FL 33026 COOPER CITY FL 33026					DO NOT WRITE IN THIS SPACE		
					DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified		
43					1		
					12/20/1996 4. FEI Number		-lind Fan
— '	lace of Business	2a. Mailing Address				<u> </u>	plied For Applicable
21	H at-	26			65-0742104		
Suite, Apt.		Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional Fee Required		
City & State	e and the contract of the contract of	City & State			6. Election Campaign Financing Trust Fund Contribution	\$5.00 i	
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year		
24			30	or the surption of the surptio			□No
	9. Name and Address of Curren		30		10. Name and Address of New Registe	red Agent	
	Trains and resident			81 Name			
SHALE, YOKO				00 Standard CO C. Para Number in Net Assessables			
1168	5 KERRY DRIVE			82 Street Address (P.O. Box Number is Not Acceptable)			
HORNE COO	PER CITY FL 33026	3768 (0.0 3.25)	\$3 B3			-	
162 (486, 986) 1 2 4 2 4 2 4 1 4 1 4 1 4 1 4 1 4 1 4 1						1-1-2-4	
				84 City	+ (\$8)184 148 C.(8) (-2) -48(\$3)	FL 85 Zip C	ode
office or f	egistered agent, or both, in the State m familiar with, and accept the obliga	of Florida. Such change was ations of, Section 607.0505, F	authorized Iorida Stati	i by the corporati		E E	jisiereo
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICER		
TITLE	D ,	☐ DELETE	1.1 TT	TLE	•	☐ Change	☐ Addition
NAME	SHAE, YOKO		1.2 NA	WE			Ì
STREET ADDRESS	11685 KERRY DRIVE		1.3 \$1	REET ADDRESS			
CITY-ST-ZIP	COOPER CITY FL 33026		1.4 CI	TY-\$T-ZIP			
TITLE		☐ DELETE	2.1 10	TLE		Change	☐ Addition
NAME			2.2 N	WE			
STREET ADDRESS			2.3 \$7	REET ADDRESS			i
CITY-ST-ZIP			2.4 C	ITY-ST-ZIP			
TITLE	اليم معومات ديوا يد مسام الا	DELETE	3.170	<u>re</u> _	المنبودرين المحاجمة المسريان	Change	Addition
NAME			3.2 N/	AME			
STREET ADDRESS	•		3.3 51	REET ADDRESS			
CITY-ST-ZIP			3,4, C	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 TT	n.e		Change	☐ Addition
NAME	•		4.2 N	AME		•	,
STREET ADDRESS			4.3 \$1	TREET ADDRESS			
CITY-ST-ZIP	·		4.4 CI	TY-ST-ZIP		-	`~.
TITLE		☐ DELETE	5.1 TT	TLE		☐ Change	☐ Addition

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 with an address, with all other like empowered.

5 2 NAME

6.1 TITLE

6.2 NAME

5.3 STREET ADDRESS

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

5.4 CITY-ST-ZIP

SIGNATURE:

NAME

TITLE

NAME

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

DELETE

Addition

☐ Change