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

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P9700050006 (0)

YAEL S. FRANK, PH.D., INC.

rincipal Place of Business

Mailing Address

## FILED Apr 07 1998 8:00am Secretary of State



350 PALM C	IRCLE WEST. #208 PINES FL 33025	350 PALM CIRCLE WES PEMBROKE PINES FL 3			DO NOT WRITE IN THIS SPACE  3. Date Incorporated or Qualified  05/28/1997	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22		2a. Mailing Address 26			4. FEI Number Applied For Not Applicable	
		Suite, Apt #, etc.			5. Certificate of Status Desired See Required \$8.75 Additional Fee Required	
23		City & State			6. Election Campaign Financing Trust Fund Contribution  \$5.00 May Be Added to Fees	
	25		Country 30	/ 	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. 2 Yes No	
		ont Registered Agent	81	Name	10. Name and Address of New Registered Agent	
21 26 Suite, Apt. #, etc. 27 City & State 28 28 28 29 29 29 29 29 29 29 29 29 29 29 29 29						
			82	Street Ad	dress (P.O. Box Number is Not Acceptable)	
			84	City	FL 85 Zip Code	
11. Pursuant to office or re agent 1 an	o the provisions of Sections 607.05 gistered agent, or both, in the Stat n familiar with, and accept the oble	02 and 607.1508, Florida Statute e of Florida Such change was a pations of, Section 607.0505, Flo	es, the above authorized borida Statute	e-named co y the corpor s.	orporation submits this statement for the purpose of changing its register ation's board of directors. I hereby accept the appointment as registered	
SIGNATURE						
				ent signature (eq	pulsed when reinstating)  DATE  ADDITION OF CHANGES TO OFFICE BO AND DIDECTORS IN ASSET	
			13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
	•		1.2 NAME	İ		
STREET ADDRESS		#208	1.3 STREE	ADDRESS		
1			1.4 C/TY - 1	1		
TITLE		☐ DELETE	2.1 THTLE		Change Add	
NAME			2.2 NAME	Į.		
STREET ADDRESS			2.3 STREE	ADDRESS		
			2. 4 CITY-	ST-ZIP		
' '		L_J DELETE	3.1 TITLE		Change Add	
			3.2 NAME			
l i			3.3 STREE			
		DELETE	3.4. CITY-	S1-ZIP	☐ Change ☐ Add	
1			4. 2 NAME	)	_ Shanga _ has	
STREET ADDRESS				ADDRESS		
CITY-ST-ZIP			4.4 CITY-1			
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NAME			5.2 NAME			
STREET ADDRESS			5.3 STREE	ADDRESS		
CITY-SI-ZIP			5.4 CITY-1	51 - ZIP		
TITLE		DELFTE	61 TITLE		Change Add	
NAME			62 NAME	-		
STREET ADDRESS			6.3 STREE	ADDRESS		
CITY-ST-ZIP			6.4 CITY-			
14. I hereby c	ertify that the information supplied	with this filing does not qualify fo	or the exemp	tion stated	in Section 119.07(3)(i), Florida Statutes. I further certify that the informat	

indicated on this arrival 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 required 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

SIGNATURE:

Tael

4/L: 1

MARLIS FRANK

4/1/98

954-437-8851