PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9700050020

1. Corporation Name

YORK COMMUNICATIONS, INC.

Principal Place of Business
0500 05455 BOAD 5
3500 N: STATE ROAD 7
SUITE 300
LAUDERDALE LAKES EL 33319

Mailing Address

3500 N. STATE ROAD 7

FILED May 24, 1999 8:00 am Secretary of State

05-24-1999 90004 013 ***150.00



SUITE 300 SUITE 300 LAUDERDALE LAKES FL 33319 LAUDERDALE CAKES FL 33319				DO NOT WRITE IN THIS SPACE			
CHOOCHOTICE C			-	3. Date Incorporated or Qualifed			
				06/06/1997			
2. Principal P	ace of Business	2a. Mailing Address		4. FEI Number	Applied Fo	ır	
21 728	D W McDab Bd		MUNULL BO	65-0761799	Not Applica	able	
Suite, Apt.	#, etc. 18	Suite, Apt. #, etc.		5. Certificate of Status Desired	8.75 Additions Fee Required	al	
City & State	LAUDENDAL FL	City & State	ale Fi	6. Election Campaign Financing Trust Fund Contribution	5.00 May Be Added to Fees		
Zip 24 3 3 0	Country 25 US	29 3 3068 30	Country	This corporation owes the current year Intangil Personal Property Tax.	Me Yes □No		
	9. Name and Address of Current I	Registered Agent		10. Name and Address of New Registered Age	nt		
SUITE 300				t Address (P.O. Box Number is Not Acceptable)			
LAUDERDALE LAKES EL 33319				+218 V. LAUNER Dale FI 8	Zip Code	.c	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes,	the above-named c	corporation submits this statement for the purpose of char	ging its register	ed	
11. Pursuant to the provisions of Sections 607.0502 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 607.0505, Florida Statutes.							
• 6/10///							
SIGNATURE	Signature typed of printed name of registered agent a	nd title if applicable. (NOTE: Re	gistered Agent signature rec	quired when reinstating) DATE		·	
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND D			
TITLE	D	☐ DELETE	1.1 TITLE		Change	dition	
NAME	CORELLA, SUNDAY		1.2 NAME	TOREUR SUNDRY STE	218		
STREET ADDRESS	3500 N. STATE ROAD 7		1.3 STREET ADDRESS		200(0		
City-St-ZIP	LAUDERDALE DAKES FL 33319		1.4 CITY-ST-ZIP	10. Kincledelle. Fr. 3	33064 <u> </u>		
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TITLE		☐ DELETE	6.1 TITLE		Change	dition	
NAME			6.2 NAME				
STREET ADDRESS			6.3 STREET ADDRESS		* \$		
			64 CITY ST 7ID				

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.

SIGNATURE:

SIGNING OFFICER OR DIRECTOR

Daytime Phone #