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 # P9700056869 (5)

ROBERT I YOUNG ENTERPRISES INC.

Principat Place of Business	Mailing Address
105 LAKE EMERALD DR. #415	105 LAKE EMERALD DR. #415
OAKLAND PARK FL 33309	OAKLAND PARK FL 33309

FILED May 12 1998 8:00am Secretary of State



OAKLAND PARK FL 33309		OAKLAND PARK FL 33309			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualified 06/27/1997	
2. Principal Pi	Principal Place of Business 2a. Mailing Address				4. FEI Number	Applied For	
21 26					65-0764545	Not Applicable	
Sulte, Apt.	#, etc.	Suite, Apt. #, etc.				ertificate of Status Desired \$8.75 Additional Fee Required	
	City & State City & State			6. Election Campaign Financing \$5	.00 May Be		
23		28				Trust Fund Contribution	ided to Fees
Zip	Country	Zip	Country			8. This corporation owes or has paid the current year	
24	25		30			Personal Property Tax due June 30. Yes	□ No
	9. Name and Address of Currer	nt Registered Agent		81	Name	10. Name and Address of New Registered Agent	
	ung, robert i			0	Name		
	LAKE EMERALD DR. #415			82	Street Add	ddress (P.O. Box Number is Not Acceptable)	
OA	KLAND PARK FL 33309			83			
				84	City	FL 85	Zip Code
		1007 4/00 Ft // Out		Ш		FL	ino ite segiptorod
office or re agent. I as	to the provisions or sections 607 050 egistered agent, or both, in the State m familiar with, and accept the oblig	e of Florida Such change was ations of, Section 697,0505, F	oles, the a Florida Sta	d by tutes	the corpora 3.	orporation submits this statement for the purpose of chang oration's board of directors. I hereby accept the appointment	nt as registered
SIGNATURE						equired when reinstating) DATE	
	Signature typed or printed name of registered ag	en and trite if applicable (NC D DIRECTORS	13.	d Age	nt signature requ	ADDITIONS/CHANGES TO OFFICERS AND DIRECTIONS AND DIRECTIONS AND DIRECTIONS AND DIRECTIONS AND DIRECTIONS AND DIRECTIONS AND DIRECTION AND DIRE	CTORS IN 12
TITLE	OFFIGERS AN	DELETE	1.1 1	TIE		Chi	
NAME	YOUNG, ROBERT I		1.2 N]	_	•
STREET ADDRESS	105 LAKE EMERALD DR. #4	15			ADDRESS		
Į.	OAKLAND PARK FL 33309		1				
TITLE	111-47-211			1.4 CHTY - ST - ZIP 2.1 TITLE		□ Cha	ange
NAME			2 2 N	2.2 NAME			
STREET ADDRESS				23 STREET ADDRESS			
CITY-ST-ZIP				2 4 CITY-ST-ZIP			
TITLE		DELETE		3.1 TULE		☐ Ch	ange
NAME			32 N	32 NAME			
STREET ADDRESS			3.3 S	TAEET	ADDRESS		•
CITY-ST-ZIP				3.4. CITY-ST-ZIP			
TITLE				ITLE		☐ Ch	ange Addition
NAME			4.21	NAME	1		
STREET ADDRESS			4.3 \$	TREET	ADDRESS		
CITY-ST-ZIP				4.4 CITY-ST-ZIP			
TITLE		DELETE 5				☐ Ch	ange 🔲 Addition
NAME	į.		5.2 N	5.2 NAME			
STREET ADDRESS	ADDRESS 5.33		TREET	ADDRESS			
CITY-ST-ZIP			5.4 C	11Y-S	ST-ZIP		
TITLE	DELETE		6.1 T	6.1 TITLE		☐ Ch	ange 🔲 Addition
NAME			6.2 N	AME			
STREET ADDRESS			6.3 S	TREET	ADDRESS		
CITY-ST-ZIP					ST-ZIP		
44 I horoby o	partify that the information supplied y	with this filing does not qualify	for the ex	emn	ition stated i	in Section 119.07(3)(i). Florida Statutes. I further certify the	at the information

4. I pereby certify that the information supplied with this tiling 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 suppliemental 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.

WI WILL

OSU- 481-461