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**PROFIT CORPORATION** ANNUAL REPORT.

1999



FLORIDA DEPARTMENT OF STATE

## Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

## DOCUMENT # P97000058707

1. Corporation Name

## FILED Apr 14, 1999 8:00 am Secretary of State

04-14-1999 90117 030 \*\*\*150.00

	Y ENTERPHISES, INC.													
Principal Place	of Business	Ma	ailing Address		•			<u> </u>	IBII <b>B</b> RIII <b>BB</b> III	EBILL OCIEL		PE	inir 1 <b>80</b> 1 1881	
2418 NEEDHAM DR. 2418 NEEDHAM DR.														
VALRICO FL 33594 VALRICO FL 33594								DO NOT WRITE IN THIS SPACE						
								3. Date incorporated or		IN THIS	STACE			
								07/07/1997						i
2. Principal Pl	lace of Business	2a.	Mailing Address					4. FEI Number				Appl	ied For	i
21		26	-					59-3501991				Not /	Applicable	i
			Suite, Apt. #, etc.	Apt. #, etc.				\$8.75 Additi						ì
22 27										<del></del>		Requ		i
City & State			City & State					6. Election Campaign F	-				lay Be Fees	i
23 7in	Country	28	Zip	Cou	intr/			Trust Fund Contributi  8. This corporation owe		st veer In		eu to	1662	l
Zip	25	29	Zip	30	·······y			Personal Property Ta		n year in	Yes	Ε	⊒No	i
24	9. Name and Address of Curre		tered Agent		1			10. Name and Address		gistered	Agent			ı
					81	Name								i
	TLEY, DAWN				82	Street A	Addres	ss (P.O. Box Number is No	ot Acceptab	le)				i
	CHAPEL TREE CR., APT. H							,						
BRAI	NDON FL 33511				83									l
					84	City	-			FL	85 2	Zip Co	ode	ĺ
	to the provisions of Sections 607.05	00 10	07 4E00 Florida C4	the s	<u> </u>	namad c		ntion cubmits this stateme	nt for the n	urnose of	f changing	its re	egistered	
l office or re	to the provisions of Sections 607.05 egistered agent, or both, in the State m familiar with, and accept the oblig	of Florid	ia. Such change wa	is authorized	ı bv tr	he corpo	ration	's board of directors. I her	eby accept	the appo	intment a	s regi	stered	í .
			,,											•
SIGNATURE	-					cianature es	souired v	when reinstating)		DATE				
SIGNATURE	Signature, typed or printed name of registered ag	ent and title	if applicable. (N	IOTE: Registered		signature re	equired v		S TO OFFI	DATE CERS A	ND DIREC	CTOR	S IN 12	
SIGNATURE	OFFICERS A	ent and title	if applicable. (N	NOTE: Registered	l Agent :	· · ·	7/1	ADDITIONS/CHANGE			ND DIREC		S IN 12	100,11
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CITY-ST-ZIP 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.

6.4 CITY-ST-ZIP

SIGNATURE: