Apr 20, 1999 8:00 am Secretary of State

04-20-1999 90109 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 # P9700066860

1. Corporation Name

YOUNG CYCLE PRODUCTS INC.

Principal Place	e of Business	Mailing Address						
1440 LORAL RIDGE DR		1440 CORAL RIDGE DR						
SUITE 307		SUITE 307			DO NOT MOUTE IN THE COACE			
CORAL SPRINGS FL 33071		CORAL SPRINGS FL 33071			DO NOT WRITE IN THIS SPACE			
US		U8-			3. Date incorporated or Qualifec			
					08/01/1997		 	
2. Principal Pl	lace of Business	2a. Mailing Address			4. FEI Number		<u> </u>	pplied For
21		26			65-0772517		_ No	ot Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	П	•	Additional
22		27			5, Certificate of Otation Desired		Fee Re	equired
City & State	e	City & State			6. Election Campaign Financing	П	\$5.00	May Be
23	•	28			Trust Fund Contribution	Ц	Added	to Fees
Zip	Country	Zip	Countr	у	8. This corporation owes the cui	rrent year Inta	ngible	
24	[25]	29 3	0		Personal Property Tax.		Yes	□No
24	9. Name and Address of Current	- 	<u> </u>		10. Name and Address of New	Registered A	gent	
	3. Name and Name of Carrent		8	1 Name				
YOU	NG, WILLIAM D JR							
•				2 Street	Address (P.O. Box Number is Not Accep	table)		1
1440 CORAL RIDGE DR SUITE 307								
			8:	3				
COR	AL SPRINGS FL 33071	***	8	4 City			85 Zip	Code
				' '		FL	1 '	
11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	, the abo	ve-named	corporation submits this statement for the	purpose of	hanging its	registered
office or re	egistered agent, or both, in the State of	f Florida. Such change was aut one of Servion 607 0505. Florid	horized b	y the compo	oration's board of directors. I hereby acce	ept the appoin	tment as re	gistered
			7	õ (k	74.40	4-13	2-50	1
SIGNATURE	DONNA FAYE YOUR	4 - WIMAT	ωM	V/IL		/ (-		
	Signature, typed or printed name of registered agent a	and title if applicable. (NOTE: R	legistered Au	ent signature r	equired when reinstating)	DATE	•	,
	Signature, typed or printed name or registered agent a	and tipe if applicable. (NO!E.R	tegistered An	ent signature	equired when refrigating) ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	DRS IN 12
12.	Signature, typed or printed name or registered agent a	and tipe if applicable. (NO!E.R	13.	<u> </u>	equired when रहेर्सिक्षाताल) ADDITIONS/CHANGES TO O	FFICERS AN	D DIRECTO	ORS IN 12
12.	OFFICERS AND OFFICERS AND	DIRECTORS	13. 1,1 TITLE		equired when refrigating) ADDITIONS/CHANGES TO O	FFICERS AN		
12. TITLE NAME	OFFICERS AND D YOUNG, WILLIAM D JR	D DIRECTORS	13. 1.1 TITLE 1.2 NAME		equired when कि कि dating) AppliTIONS/CHANGES TO O	FFICERS AN	Change	☐ Addition
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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:

STREET ADDRESS

CITY-ST-ZIP