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PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

FILED

May 13 1998 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT

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YS & ASSOCIATES, INC.

	ASSOCIATES, INC.									
Principal Plac	ce of Business	M	ailing Address					1621(63)	i (68) o i olit f	HOUD COME 1881 1881
P.O. BOX 6	849261		P.O. BOX 849251							
PEMBROKE PINES FL 33084			PEMBROKE PINES FL 33084				DO NOT WORK IN THE	0.00405		
1							Ł	DO NOT WRITE IN THI 3. Date Incorporated or Qualified	S SPACE	
1								09/12/1997		
2. Principal F	Place of Business	20	. Mailing Address					4. FEI Number		Applied For
21		26	. ,					EIN#65-077-8162		Not Applicable
Sulte, Apt.	. #, etc.		Suite, Apt. #, etc.						\$8.	75 Additional
22		27						5. Certificate of Status Desired	Fe	e Required
City & Stat	te		City & State				ĺ	6. Election Campaign Financing		.00 May Be
23		28			\			Trust Fund Contribution		ded to Fees
Zip	Country 25	29	Zip	30	Country			This corporation owes or has paid the of Personal Property Tax due June 30.	current yea	ar Intangible No
24	9. Name and Address of Curr		stered Agent	30				10. Name and Address of New Registere		A NO
V	/IH, DEBBIE S	<u></u>	<u>v</u>		81	Name	-			
	1705 WESTMINISTER STREET				82	Stroot A		s (P.O. Box Number is Not Acceptable)		
	HOLLYWOOD FL 33021				02	Stieet At	udiess	s (P.O. Box Number is Not Acceptable)		
					83					
1					84	City			. 85	Zip Code
								F		
11. Pursuant	to the provisions of Sections 607.05 registered agent, or both, in the Sta)502 and 6 ate of Florid	i07.1508. Florida Statu da. Such ch ange w as	ates, the	e above ized hv	e-named co the corpo	orpora oration	ation submits this statement for the purpose is board of directors. I hereby accept the ap	of changi	ng its registered
agent. La	am familiar with, and accept the obl	ligations o	f, Section 607.0505, F	lorida S	Statutes	S.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	a source of the section of the section of	PP-	it tio regions to
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12.	Signature, typind or pointed name of register of a OFFICERS A			1	tered Age 3. 1 TITLE	nt signature re	equired w	whon reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS A		
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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.

SIGNATURE:

TRUE **TRUE***

TRUE

TRUE*

TRUE

TRUE*

TRUE

**TR