

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
May 06 1998 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1998



FLORIDA DEPARTMENT OF STATE  
**Sandra B. Mortham**  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000095399 (6)

1. Corporation Name

YEZEKYAN ENTERPRISES, INC.

Principal Place of Business

2168 DRIFTWOOD CIR.  
PALM BEACH GARDENS FL 33410-2014

Mailing Address

2168 DRIFTWOOD CIR.  
PALM BEACH GARDENS FL 33410-2014

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

11/06/1997

4. FEI Number

6507 92874

Applied For

Not Applicable

5. Certificate of Status Desired



\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution



\$5.00 May Be  
Added to Fees

8. This corporation owes or has paid the current year Intangible  
Personal Property Tax due June 30.



Yes



No

9. Name and Address of Current Registered Agent

YEZEKYAN, NORAYR  
2168 DRIFTWOOD CIR.  
PALM BEACH GARDENS FL 33410-2014

10. Name and Address of New Registered Agent

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

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.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE  
NAME D YEZEKYAN, NORAYR  
STREET ADDRESS 2168 DRIFTWOOD CIR.  
CITY-ST-ZIP PALM BEACH GARDENS FL 33410-2014

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11. TITLE ☐ Change ☐ Addition  
12. NAME  
13. STREET ADDRESS  
14. CITY-ST-ZIP

2.1. TITLE ☐ Change ☐ Addition  
2.2. NAME  
2.3. STREET ADDRESS  
2.4. CITY-ST-ZIP

3.1. TITLE ☐ Change ☐ Addition  
3.2. NAME  
3.3. STREET ADDRESS  
3.4. CITY-ST-ZIP

4.1. TITLE ☐ Change ☐ Addition  
4.2. NAME  
4.3. STREET ADDRESS  
4.4. CITY-ST-ZIP

5.1. TITLE ☐ Change ☐ Addition  
5.2. NAME  
5.3. STREET ADDRESS  
5.4. CITY-ST-ZIP

6.1. TITLE ☐ Change ☐ Addition  
6.2. NAME  
6.3. STREET ADDRESS  
6.4. 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.

SIGNATURE:

CP2E034 (10/97)