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

Jul 23 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State **ANNUAL REPORT** Secretary of State DIVISION OF CORPORATIONS 1998 DOCUMENT # P97000098778 (8) YOUNG INVESTIGATIONS, INC. Principal Place of Business Mailing Address 39 W ROSEVEAR STREET 39 W ROSEVEAR STREET ORLANDO FL 32804 ORLANDO FL 32804 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified <u>11/17/1997</u> at Place of Susiness W. Rose Vea 2a. Mailing Address Applied For Josevear St 34 W Not Applicable Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees Country 8. This corporation owes or has paid the current year Intangible 9. Name and Address of Arrient Registered Agent Personal Property Tax due June 30 Yes rana 10. Name and Address of New Registered Agent 81 Name YOUNG, JIM 39 W ROSEVEAR STREET 62 Street Address (P.O. Box Number is Not Acceptable) ORLANDO FL 32804 83 **B4** City 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 lamiliar with, and accept the obligations of, Section 607.0505, Florida Statutes. SIGNATURE Signature, typed or printed name of regelered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 12. 13. D President / Director Young, Jim TITLE DE LETE 1.1 101.0 Director Change NAME 1.2 NAME 39 W ROSEVEAR STREET STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32804 1.4 DITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS CITY-ST-ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TITLE NAME 3.2 NAME 3 3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition Channe TITLE 4.1 TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP DITY-ST-ZIP DELETE Change Addition TITLE 5.1 TO UE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP DELETE Change TITLE 6.1 TITLE 100002598281

6.2 NAME

14. I horeby 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 reports 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 of 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 changes) or on an all achiminit with an address.

6.3 STREET ADDRESS

(Porcela L Comil

6.4 CITY - ST- ZIP

-07/24/98--01097--004

(467) 886-9431

***150.00

NAME

STREET ADDRESS

SIGNATURE:

CITY-\$1-ZIP

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