SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE Sandra B. Martham

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT #

P97000105548 (6)

98 NOV -3 PM 4: 10

SECRETARY OF STATE TALLAHASSEE, FLORIDA

1	Y OPTIONS, INC.							
Oringinal Pter	ce of Business	Mailing Address						
						}		
1026 WEST CENTRAL BOULEVARD			ULEVARD					
OnD1400 11 32000						DO NOT WRITE IN	THIS SPACE	
						3. Date Incorporated or Qualified		
						12/11/1997		
L		2a. Mailing Address	2a. Mailing Address		4. FEI Number	Applied For		
21		26		59-3484781	Not Applicable			
Suite, Apt. #, etc.		Suite, Apt. #, etc.	Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional		
22		27		5. Certificate of Status Desired	Fee Required			
City & State		City & State			6. Election Campaign Financing	\$5.00 May Be		
23		28				Trust Fund Contribution	Added to Fees	
Zip	Country	Zip	Cou	ntry		8. This corporation owes or has paid the		
24	25	29	30			Personal Property Tax due June 30.	Yes No	
	9. Name and Address of Curre	ent Registered Agent		81 Na	ıme	10. Name and Address of New Registered Agent		
	INA, WILFREDO			O 1 WS	ше			
	S WEST CENTRAL BOULEVARD		82 Street Addre		reet Addres	ss (P.O. Box Number is Not Acceptable)		
ORL	ANDO FL 32806			83				
				83				
				84 Ci	.y		85 Zip Code	
44 -							FL 30 20 0000	
office or	t to the provisions of sections 607.05 registered agent, or both, in the Stat	02 and 607.1508, Florida Statut e of Florida. Such change was	es, the abo authorized	ove-пат i bv the	ed corpora corporation	tion submits this statement for the purpose o's board of directors. I hereby accept the ap	of changing its registered	
accent !	am familiar with, and accept the obli-	nations of section 607.0505. FI	anida Ctati				- Familian de Legisteres	
agent. I		3220112 01, 2001101, 001, 10000, 1	oriua stati	utes.			j	
SIGNATURE								
SIGNATURE	Signature, typed or printed name of registered ag	ent and little If applicable. (N	OTE: Register			id when reinstating) DAT	E	
SIGNATURE	Signature, typed or printed name of registered ag OFFICERS A	ent and little if applicable. (N ND DIRECTORS	OTE: Register	ed Agent s	gnature require		E AND DIRECTORS IN 12	
SIGNATURE 12. TITLE	Signature, typed or printed name of registered ag OFFICERS A	ent and little If applicable. (N	OTE: Register 13.	ed Agent s	gnature require	nd when reinstating) DAT ADDITIONS/CHANGES TO OFFICERS	E	
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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, are proposed to 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, are proposed in the proposed of the corporation of 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 changed, are proposed in the proposed of the corporation of 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 changed, are proposed in the receiver of trustee empowered to execute this report as required by Chapter 607, Florida Statutes.