

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

**FILED**  
**Apr 26, 1999 8:00 am**  
**Secretary of State**

04-26-1999 90123 001 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
**1999**



FLORIDA DEPARTMENT OF STATE  
**Katherine Harris**  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT #** P97000109062 OK  
1. Corporation Name

**YL MANAGEMENT, INC.**

Principal Place of Business

**135 W. LAKE DRIVE  
HALLANDALE, FL.  
33009**

Mailing Address

**135 W. LAKE DRIVE  
HALLANDALE, FL.  
33009**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/31/1997**

4. FEI Number **65-0804615**  
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 the current year Intangible Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 **135 W. LAKE DRIVE**

Suite, Apt. #, etc.

22 City & State  
23 **HALLANDALE, FL.**

24 Zip **33009** 25 Country **USA**

2a. Mailing Address

26 **135 W. LAKE DRIVE**

Suite, Apt. #, etc.

27 City & State  
28 **HALLANDALE, FL.**

29 Zip **33009** 30 Country **USA**

9. Name and Address of Current Registered Agent

**AMERILAWYER  
343 ALMERIA AVENUE  
CORAL GABLES, FL. 33134**

10. Name and Address of New Registered Agent

81 Name **YVES SEARLE**

82 Street Address (P.O. Box Number is Not Acceptable)  
**135 W. LAKE DRIVE**

83

84 City **HALLANDALE**

85 FL **33009**

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 *Yves Searle*  
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 **PTD** ☐ DELETE  
NAME **SEARLE, YVES**  
STREET ADDRESS: **135 W. LAKE DRIVE**  
CITY-ST-ZIP: **HALLANDALE, FL. 33009**

TITLE **VSD** ☐ DELETE  
NAME **LISE RICHARD**  
STREET ADDRESS: **135 W. LAKE DRIVE**  
CITY-ST-ZIP: **HALLANDALE, FL. 33009**

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

1.1 TITLE ☐ Change ☐ Addition  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 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(1)(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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Yves Searle* **YVES SEARLE**

4/16/99

Date

954.894.8607

Daytime Phone #

CR2E034 (11/98)