

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

FILED
Sep 20, 1999 8:00 am
Secretary of State

09-20-1999 90004 032 ***550.00

PROFIT CORPORATION
 ANNUAL REPORT
1999



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

DOCUMENT # P98000002912

1. Corporation Name
Y-TECH SOLUTIONS INC.



Principal Place of Business
 6918 AQUEDUCT TERRACE
 ODESSA FL 33556

Mailing Address
 6918 AQUEDUCT TERRACE
 ODESSA FL 33556

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
01/09/1998

2. Principal Place of Business
 21 **5151 W. Rio Vista Ave**

2a. Mailing Address
 26 **5151 W Rio Vista Ave**

4. FEI Number
59-3489 028

Applied For
 Not Applicable

22 Suite, Apt. #, etc.
 23 **Tampa FL**

27 Suite, Apt. #, etc.
 28 **Tampa FL**

5. Certificate of Status Desired **\$8.75** Additional Fee Required

6. Election Campaign Financing Trust Fund Contribution **\$5.00** May Be Added to Fees

24 Zip **33634** 25 Country **USA**

29 Zip **33634** 30 Country **USA**

8. This corporation owes the current year Intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

YALDOR, SAMUEL M
 6918 AQUEDUCT TERRACE
 ODESSA FL 33556

10. Name and Address of New Registered Agent

81 Name **YALDOR, SAMUEL M**
 82 Street Address (P.O. Box Number is Not Acceptable) **5151 W. Rio Vista Ave**
 83
 84 City **Tampa** FL 85 Zip Code **33634**

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]* **M. YALDOR Secretary** **09/01/99**
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| | |
|----------------|---------------------------------|
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
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| STREET ADDRESS | |
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| STREET ADDRESS | |
| CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE |
| NAME | |
| STREET ADDRESS | |
| CITY-ST-ZIP | |

| | |
|--------------------|--|
| 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 1.2 NAME | P SAMUEL M. YALDOR |
| 1.3 STREET ADDRESS | 5151 W. RIO VISTA AVE |
| 1.4 CITY-ST-ZIP | TAMPA, FL 33634 |
| 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| 2.2 NAME | S Martine E. YALDOR |
| 2.3 STREET ADDRESS | 5151 W. Rio Vista Ave |
| 2.4 CITY-ST-ZIP | Tampa, FL 33634 |
| 3.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 3.2 NAME | |
| 3.3 STREET ADDRESS | |
| 3.4 CITY-ST-ZIP | |
| 4.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 4.2 NAME | |
| 4.3 STREET ADDRESS | |
| 4.4 CITY-ST-ZIP | |
| 5.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| 5.2 NAME | |
| 5.3 STREET ADDRESS | |
| 5.4 CITY-ST-ZIP | |
| 6.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> 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, with all other like empowered.

SIGNATURE: *[Signature]* **SECRETRE RENALUSO** Secretary **09/01/99** (813) 880-0800
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

0377418

CR2E034 (11/98)