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May 06, 1999 8:00 am  
Secretary of State

05-06-1999 90055 027 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



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

DOCUMENT # P98000003419

1. Corporation Name  
YENOM GROUP, INC.

Principal Place of Business  
4331 N. DIXIE HWY., STE. 1  
BOCA RATON FL 33431

Mailing Address  
4331 N. DIXIE HWY., STE. 1  
BOCA RATON FL 33431



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

01/12/1998

4. FEI Number

65-0805163

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 Suite, Apt. #, etc.

23 City & State

24 Zip Country

2a. Mailing Address

26 PO BOX 515

27 Suite, Apt. #, etc.

28 PALM CITY, FL

29 34991-0515 30 MARTIN

9. Name and Address of Current Registered Agent

SATURN, RICK A  
98 S.E. 6TH AVE., STE. 2  
DELRAY BEACH FL 33483

10. Name and Address of New Registered Agent

81 Name SATURN, RICK A

82 Street Address (P.O. Box Number is Not Acceptable)  
640 EAST ATLANTIC AVE SUITE 1

83

84 City DELRAY BEACH, FL 85 Zip Code 33483

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 *F. Craig Clements*  
Signature typed or printed name of registered agent and title if applicable.

F. CRAIG CLEMENTS  
(NOTE: Registered Agent signature required when reinstating)

4-1-99  
DATE

12. OFFICERS AND DIRECTORS

TITLE D ☐ DELETE  
NAME CLEMENTS, F. CRAIG  
STREET ADDRESS 4331 N. DIXIE HWY., STE. 1  
CITY-ST-ZIP BOCA RATON FL 33431

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE  
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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(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, the receiver or trustee authorized 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: *F. Craig Clements*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-1-99  
Date

Daytime Phone #

CR2E034 (11/98)

0336921