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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	P98000022690
1 Corporation Name	1 00000022000

YOUNG CONSULTANTS, INC.

Principal Place of Business 860 U.S. HIGHWAY 1

SUITE 207

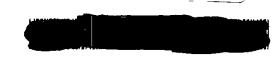
Mailing Address

860 U.S. HIGHWAY 1

SUITE 207

FILED May 17, 1999 8:00 am Secretary of State

05-17-1999 90062 029 ***150.00



NORTH PALM BEACH FL 33408 NORTH PALM BEACH FL 33408			DO NOT WRITE IN THIS SPACE				
					3. Date incorporated or Qualifed		
					03/11/1998		
	lace of Business	2a. Mailing Address			4. FEI Number LS-0817462 Applied For Not Applied by		
21		26					
Suite, Apt.	#, elc.	Suite, Apt. #, etc.			5. Certificate of Status Desired \$8.75 Additional		
22		27			Fee Required		
City & State	e	City & State			6. Election Campaign Financing \$5.00 May Be		
23		28			Trust Fund Contribution Added to Fees		
Zip	Country	Zip	Count	У	This corporation owes the current year intangible		
24	25	29	30		Personal Property Tax. ☐ Yes AND		
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registered Agent		
4115	OR ALIZED		8	1 Name	9		
	RILAWYER		1	Stroot	t Addrage /Q O. Box Number in Not Associable)		
	ALMERIA AVENUE		"	62 Street Address (P.O. Box Number is Not Acceptable)			
COR	AL GABLES FL 33134		8	3			
			L				
			8	City	FL 85 Zip Code		
44 Pursuant	to the previous of Captions 607 Of	500 4 507 +509 Fledda Ctat	4 4	1			
office or n	egistered agent, or both, in the Stat	e of Florida. Such change was :	authorized b	v the corp	d corporation submits this statement for the purpose of changing its registered poration's board of directors. I hereby accept the appointment as registered		
agent, I ai	m familiar with, and accept the oblig	gations of, Section 607.0505, Fi	orida Statute	5.			
SIGNATURE							
	Signature, typed or printed name of registered ac			ant algnature	required when reinstailing) DATE		
mre	PSTD OFFICERS A	ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
		□ DETE!E	1.1 TITLE		☐ Change ☐ Addition		
NAME	YOUNG, TRACY F		1.2 NAME				
STREET ADDRESS	860 U.S. HIGHWAY 1		1.3 STRE	ET ADDRESS			
CITY-ST-ZIP	NORTH PALM BEACH FL 334		1.4 CiTY-	ST-ZIP			
THILE		DELETE	2.1 TITLE		Change Addition		
NAME			2.2 NAME				
STREET ADDRESS			2.3 STREE	TADDRESS			
CITY-ST-ZIP			2.4 CITY-	ST-71P			
TITLE		☐ DELETE	3.1 TITLE		Change Addition		
NAME			3.2 NAME				
STREET ADDRESS			1	T ADORESS			
CITY-ST-ZIP			B		` 		
TITLE		☐ DELETE	3,4. CITY-	81-ZP	☐ Change ☐ Addition		
}		↑ prreit	- 1		Toughts (Monitor		
NAME			4. 2 NAME				
STREET ADDRESS				T ADORESS			
CiTY-ST-ZIP			4.4 CITY-	ST-ZIP			
TIFLE		DELETE	5.1 TITLE		☐ Change ☐ Addition		
NAME			5.2 NAME				
STREET ADDRESS			5.3 STREE	T ADDRESS			
CFTY-ST-ZIP		<u> </u>	5,4 C/TY-	ST. ZIP			
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition		
NAME			6,2 NAME				
STREET ADDRESS			6.3 STREE	TADORESS			

6,4 CITY-ST-ZIP 14. I hereby certify that the information supplied with this filling 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 suppliemental 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 of 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 ori an attachment with an address, with all other like empowered.

EIGHATURE:

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