

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 # P98000082489

1. Corporation Name
831 YAMATO, INC.

Principal Place of Business

431 N.E. 10TH TERRACE
BOCA RATON FL 33431

OK

Mailing Address

431 N.E. 10TH TERRACE
BOCA RATON FL 33431

FILED
Apr 23, 1999 8:00 am
Secretary of State

04-23-1999 90026 030 ***150.00



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/22/1998

4. FEI Number

65-0872033

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

9. Name and Address of Current Registered Agent

VECCIA, MARY
431 N.E. 10TH TERRACE
BOCA RATON FL 33431

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

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

Mary Veccia

(NOTE: Registered Agent signature required when reinstating)

1/15/99

12. OFFICERS AND DIRECTORS

TITLE D
NAME VECCIA, MARY
STREET ADDRESS 431 N.E. 10TH TERRACE
CITY-ST-ZIP BOCA RATON FL 33431

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE OFFICER
1.2 NAME Jaimie Bassmore
1.3 STREET ADDRESS 7053 NW 3 Ave.
1.4 CITY-ST-ZIP BOCA RATON, FL 33487

2.1 TITLE OFFICER
2.2 NAME Paula Cryan
2.3 STREET ADDRESS 1693 Sabel Palm Drive
2.4 CITY-ST-ZIP BOCA RATON, FL 33432

3.1 TITLE
3.2 NAME
3.3 STREET ADDRESS
3.4 CITY-ST-ZIP

4.1 TITLE
4.2 NAME
4.3 STREET ADDRESS
4.4 CITY-ST-ZIP

5.1 TITLE
5.2 NAME
5.3 STREET ADDRESS
5.4 CITY-ST-ZIP

6.1 TITLE
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/15/99 (561) 395-3950