


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

FILED

Jan 30 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		 FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # S19940 (3)			
1. Corporation Name YORKRIDGE PROPERTIES, INC.			
Principal Place of Business 505 SOUTH FLAGLER DRIVE SUITE 1330 WEST PALM BEACH FL 33401		Mailing Address 505 SOUTH FLAGLER DRIVE SUITE 1330 WEST PALM BEACH FL 33401	



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified 12/20/1990	
21	Suite, Apt. #, etc.	25	Suite, Apt. #, etc.	4. FEI Number 59-2470885	Applied For <input type="checkbox"/> Not Applicable
22	City & State	27	City & State	5. Certificate of Status Desired <input checked="" type="checkbox"/>	\$8.75 Additional Fee Required
23	Zip	28	Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
24	Country	29	Country	8. This corporation owes or has paid the current year intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
9. Name and Address of Current Registered Agent DEMPSEY, W. GLENN 505 SOUTH FLAGLER DR. SUITE 1330 W. PALM BEACH FL 33401				10. Name and Address of New Registered Agent	
				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				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

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	D <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIE, GERALD D.	1.2 NAME	
STREET ADDRESS	35 AVE. DES PAPALINS	1.3 STREET ADDRESS	
CITY-ST-ZIP	FONTVIEILLE, MONACO	1.4 CITY-ST-ZIP	
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MACKIE, JACQUELINE	2.2 NAME	
STREET ADDRESS	46, RTE. DE LAUSANNE	2.3 STREET ADDRESS	
CITY-ST-ZIP	VAUJ, SWITZERLAND	2.4 CITY-ST-ZIP	
TITLE	DPS <input type="checkbox"/> DELETE	3.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DEMPSEY, W. GLENN	3.2 NAME	
STREET ADDRESS	505 S. FLAGLER DR., Suite 1330	3.3 STREET ADDRESS	
CITY-ST-ZIP	W. PALM BEACH FL 33401	3.4 CITY-ST-ZIP	
TITLE	Secretary <input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	James Henderson	4.2 NAME	
STREET ADDRESS	6827 N. Orange Blossom Trail, Suite 2	4.3 STREET ADDRESS	
CITY-ST-ZIP	Orlando, FL 32860	4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE: **W. Glenn Dempsey**

1/20/98 (561) 655-8980

CR2E034 (10/97)