

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1997
 AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

APPROVED AND FILED \$61.25

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
 Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

96 OCT -9 PM 12:01

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **S37039 (2)**

1. Corporation Name
YANKEE JAYNE ENTERPRISES #2, INC.

Principal Place of Business Mailing Address
**4602 SW 35TH ST STE 800
 ORLANDO, FL 32811**

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2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21. State, Apt. #, etc.	26. State, Apt. #, etc.	3-7-91	
22. City & State	27. City & State	4. FEI Number	Applied For Not Applicable
23. Zip	28. Zip	65-0243357	
24. Country	29. Country	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
	30. Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
		8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent
**WHIDDON, W. CLARK
 4602 SW 35TH ST. SUITE 800
 ORLANDO, FL 32811**

10. Name and Address of New Registered Agent

81. Name	
82. Street Address (P.O. Box Number is Not Acceptable)	
83. City	
84. City	85. Zip Code
	FL

11. Pursuant to the provisions of Sections 607.0502 and 607.1506, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, former agent with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE		DATE	
12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
1. NAME	1.1 TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition	
2. NAME	1.2 NAME		
3. NAME	1.3 STREET ADDRESS		
4. NAME	1.4 CITY - ST - ZIP		
5. NAME	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
6. NAME	2.2 NAME		
7. NAME	2.3 STREET ADDRESS		
8. NAME	2.4 CITY - ST - ZIP		
9. NAME	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
10. NAME	3.2 NAME		
11. NAME	3.3 STREET ADDRESS		
12. NAME	3.4 CITY - ST - ZIP		
13. NAME	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
14. NAME	4.2 NAME		
15. NAME	4.3 STREET ADDRESS		
16. NAME	4.4 CITY - ST - ZIP		
17. NAME	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
18. NAME	5.2 NAME		
19. NAME	5.3 STREET ADDRESS		
20. NAME	5.4 CITY - ST - ZIP		
21. NAME	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition	
22. NAME	6.2 NAME		
23. NAME	6.3 STREET ADDRESS		
24. NAME	6.4 CITY - ST - ZIP		

CR2E034 (3/96)

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(c), 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 the name, title, address, or other information appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: *X Robert B Paulding*
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date: _____ Double Check: