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Feb 19 1997 8:00am  
Secretary of State

PROFIT  
CORPORATION  
ANNUAL REPORT  
1997



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

DOCUMENT # **S43944** (5)

1. Corporation Name  
**YL-JAY, INC.**

Principal Place of Business  
**5919 TROUBLE CREEK RD  
NEW PORT RICHEY FL 34652  
US**

Mailing Address  
**10812 LIVINGSTON DR.  
NEW PORT RICHEY FL 34654-6020**



3. Date Incorporated or Qualified **04/08/1991** 3a. Date of Last Report **02/23/1996**

2. Principal Place of Business 2a. Mailing Address

21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.

22 City & State 27 City & State

23 Zip Country 28 Zip Country

24 25 29 30

4. FEI Number **59-3062046** 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 has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

**STRAND, ARNELLE M ESQ.  
31608 U.S. HWY. 19 NORTH  
PALM HARBOR FL 34884**

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 *Arnelle M. Strand, Esq.* **Arnelle M. Strand, Esq.** **2/12/96**  
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>FIORE, LOUISE</b>	
STREET ADDRESS	<b>10812 LIVINGSTON DR</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>IANNACONE, YOLANDA</b>	
STREET ADDRESS	<b>8700 CESSNA DRIVE</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE	<b>D</b>	<input type="checkbox"/> DELETE
NAME	<b>MITCHELL, TAMMY</b>	
STREET ADDRESS	<b>2350 CYPRESS POND ROAD</b>	
CITY - ST - ZIP	<b>PALM HARBOR FL 34883</b>	
TITLE	<b>D</b>	<input checked="" type="checkbox"/> DELETE
NAME	<b>GANDOLFO, ELEANOR</b>	
STREET ADDRESS	<b>5919 TROUBLE CREEK ROAD</b>	
CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34654</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY - ST - ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>TAMMARO, Phyllis</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY - ST - ZIP		
2.1 TITLE	<b>D</b>	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
2.2 NAME	<b>TAMMARO, Phyllis</b>	
2.3 STREET ADDRESS	<b>5919 TROUBLE CREEK Rd.</b>	
2.4 CITY - ST - ZIP	<b>NEW PORT RICHEY FL 34654</b>	
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY - ST - ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY - ST - ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY - ST - ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY - ST - ZIP		

14. I do 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: *Louise Fiore* **2/11/97 813848-4681**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)