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FILED
Feb 24, 1999 8:00 am
Secretary of State

02-24-1999 90011 037 ***150.00

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S43944

1. Corporation Name
YL-JAY, INC.

Principal Place of Business ~~5919 TROUBLE CREEK RD~~ 7616 MASS. AVE
NEW PORT RICHEY FL ~~34652~~ 34653
US
Mailing Address
10812 LIVINGSTON DR.
NEW PORT RICHEY FL 34654

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

04/08/1991

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 owes the current year Intangible
Personal Property Tax.

Yes ☒ No ☐

2. Principal Place of Business

2a. Mailing Address

21 4954 U.S. 19

26

Suite, Apt. #, etc.

27

City & State

28

Zip

Country

29

Zip

Country

30

24 34652

25 US

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

STRAND, ARNELLE M ESQ.
~~34000 U.S. HWY. 19 NORTH~~
~~PALM HARBOR FL 34684~~

81 Name

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

83 7616 MASSACHUSETTS AVE

84 City

New Port Richey

FL

85 Zip Code

34653

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.

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required after reinstating)

DATE

1/11/99

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME FIORE, LOUISE
STREET ADDRESS 10812 LIVINGSTON DR
CITY-ST-ZIP NEW PORT RICHEY FL

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME IANNACCONE, YOLANDA
STREET ADDRESS 10325 RAVINES DR
CITY-ST-ZIP NEW PORT RICHEY FL 34654

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

Change Addition

TITLE D
NAME MITCHELL, TAMMY
STREET ADDRESS 2350 CYPRESS POND ROAD
CITY-ST-ZIP PALM HARBOR FL 34683

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

Change Addition

TITLE D
NAME POLAND, PHILOMENA
STREET ADDRESS 8411 PAXTON DR
CITY-ST-ZIP NEW PORT RICHEY FL 34668

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

Change Addition

TITLE D
NAME NIKIFORAKIS, DESPINA
STREET ADDRESS 5324 SEAHORSE DR
CITY-ST-ZIP NEW PORT RICHEY FL 34652

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

Change Addition

TITLE D
NAME MALLOY, SHARON L
STREET ADDRESS 3427 CLYDESDALE DR
CITY-ST-ZIP HOLIDAY FL 34691

6.1 TITLE
6.2 NAME
6.3 STREET ADDRESS
6.4 CITY-ST-ZIP

Change Addition

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 Louise Fiore

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

12/10/99

Date

727-848-4681

Daytime Phone #

CR2E034 (11/98)