

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # **V17020** (1)
1. Corporation Name
YVP ENTERPRISES, INC.



Principal Place of Business
**1036 PINELLAS PT. DR. S.
ST. PETERSBURG FL 33705**

Mailing Address
**1036 PINELLAS PT. DR. S.
ST. PETERSBURG FL 33705**

3. Date Incorporated or Qualified **02/24/1992** 3a. Date of Last Report **07/17/1995**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number 59-3114376	Applied For <input type="checkbox"/> Not Applicable
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
22 City & State	27 City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
23 Zip	28 Zip	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
24 Country	29 Country		

9. Name and Address of Current Registered Agent

**ELIAS & DAVIS P.A.
611 DRUID ROAD, EAST
SUITE 107
CLEARWATER FL 34616**

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 _____ (NOTE: Registered Agent signature required when reappointing) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, YOLANDA	1.2 NAME	
STREET ADDRESS	4401 45TH ST., SOUTH	1.3 STREET ADDRESS	1036 PINELLAS POINT DR. SO.
CITY - ST - ZIP	ST. PETERSBURG FL	1.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33705
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	ADDRESS <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PATE, R.H.	2.2 NAME	
STREET ADDRESS	4401 45TH ST., SOUTH	2.3 STREET ADDRESS	1036 PINELLAS POINT DR. SO.
CITY - ST - ZIP	ST. PETERSBURG FL	2.4 CITY - ST - ZIP	ST. PETERSBURG, FL 33705
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		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 do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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: **R.H. PATE**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

7-31-96 (813) 864-4048

CR2E034 (12/95)