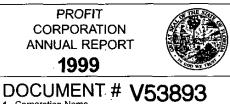
## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**PROFIT CORPORATION** ANNUAL REPORT 1999

Y.N.A., CORPORATION



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State DIVISION OF CORPORATIONS

## May 05, 1999 8:00 am Secretary of State

05-05-1999 90171 015 \*\*\*150.00

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Principal Place of Business Mailing Address								
1209 NORTH FORT HARRISON AVENUE 1209 N. FORT HARRISON A CLEARWATER FL 34615 US US US 1209 N. FORT HARRISON A CLEARWATER FL 34615 US								
					DO NOT WRITE IN TH	IS SPACE		
					3. Date Incorporated or Qualifed			
					07/27/1992			
2. Principal P	2. Principal Place of Business 2a. Mailing Address				4. FEI Number	Ap	plied For	
21					59-3126838	No	t Applicable	
Suite, Apt. #, etc.		Suite, Apt. #, etc.				\$8.75	Additional	
27				5. Certificate of Status Desired	Fee Re	equired		
	City & State City & State			<u>-</u>	6. Election Campaign Financing	\$5.00	May Be	-
23	28				Trust Fund Contribution	Added t	to Fees	
Zip	Country	Zip	Country		8. This corporation owes the current year Intangible			
24	25	29 30			Personal Property Tax.	☐ Yes	□No	
	9. Name and Address of Curre	ent Registered Agent			10. Name and Address of New Registere	d Agent		
	emin 6 Admir			81 Name				
	IRIM, NEIL		ł	82 Street Add	ress (P.O. Box Number is Not Acceptable)			
	CAMINO BLVD		ľ					
ГАМ	PA FL 33635			83				
			}	84 City		. 85 Zip (	Code	
			i	U-F City	F	L   "   "   "	5000	
ann eaith	egistered agent or both in the State	i02 and 607.1508, Florida Statutes, e of Florida. Such change was autho lations of, Section 607.0505, Florida	nized	by the corporat	poration submits this statement for the purpose of ion's board of directors. I hereby accept the app	of changing its ointment as re-	registered gistered	
SIGNATURE								
	Signature, typed or printed name of registered ag			Agent signature requir		ND DIDEOTS	DC 1N 40	98
12.		ND DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS A	Change	Addition	CR2E034 (11/98)
TITLE	D AND DOWN AND IN	☐ DELETE	1.1 717			Clando		Ξ
NAME	YILDRIM; NEIL		1.2 NAME				ලි	
STREET ADDRESS	1			REET ADDRESS				ZĒ.
CITY-ST-ZIP	TAMPA FL 33635	The sector		Y-ST-ZIP		Change	Addition	8
TITLE	D	☐ DELETE	2.1 TIT			Change	Addition	Ŭ
NAME	NEGRON, ASTRID		2.2 NA	ME				
STREET ADDRESS	•			REET ADDRESS				
CITY-ST-ZIP	TAMPA FL 33635			1Y-51-2IP				
TITLE		☐ DELETE	3.1 TIT	LE		☐ Change	☐ Addition	
NAME			3.2 NA	ME				
STREET ADDRESS			3.3 STI	REET ADDRESS				
CITY-ST-ZIP			3.4. CI	TY-ST-ZIP				
TITLE		☐ DELETE	4.1 TIT	LE		☐ Change	Addition	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET ADORESS				
CITY-ST-ZIP	<u> </u>		4.4 CIT	Y-ST-ZIP				
TITLE		☐ DELETÉ	5.1 TIT			☐ Change	☐ Addition	
NAME			5.2 NA	ME				
STREET ADDRESS			5.3 STF	REET ADDRESS				
CITY-ST-ZIP				Y-ST-ZIP				
TITLE		☐ DELETE	6.1 TIT		· <del></del>	☐ Change	☐ Addition	
NAME			6.2 NA	ME				
STREET ADDRESS			6.3 STF	REET ADDRESS				

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

6.4 CITY-ST-ZIP

SIGNATURE: