

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **L03836 (8)**  
1. Corporation Name **1191, INC.**  
**1191 E. Newport Center Drive**  
**Suite 107**  
**Deerfield Beach, FL 33442-7708**

Principal Place of Business Mailing Address  
**c/o ZAY MANAGEMENT, INC** **c/o ZAY MANAGEMENT, INC**  
**1191 E. Newport Center Drive** **1191 E. Newport Center Dr.**  
**Suite 107** **Suite 107**  
**Deerfield Beach, FL 33442** **Deerfield Beach, FL 33442**

3. Date Incorporated or Qualified **7/20/1989** 3a. Date of Last Report  
4. FEI Number **650148093** 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

2. Principal Place of Business 2a. Mailing Address  
21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.  
22 City & State 27 City & State  
23 Zip 28 Zip Country 29 Zip Country 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent  
**YOUNG, JAMES L.** 81 Name  
**1191 E. Newport Center Drive** 82 Street Address (P.O. Box Number is Not Acceptable)  
**SUITE 107** 83  
**Deerfield Beach, FL 33442** 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 *James L. Young* **JAMES L. YOUNG** **4/22/96**  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/P/S</b>	1.2 NAME	
STREET ADDRESS	<b>YOUNG, JAMES L.</b>	1.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1191 E. Newport Center Dr.</b>	1.4 CITY-ST-ZIP	
	<b>Deerfield Beach, FL 33442</b>		
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>D/V/S</b>	2.2 NAME	
STREET ADDRESS	<b>YOUNG, NELSON P.</b>	2.3 STREET ADDRESS	
CITY-ST-ZIP	<b>1191 E. Newport Center Dr.</b>	2.4 CITY-ST-ZIP	
	<b>Deerfield Beach, FL 33442</b>		
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	<b>400001810784</b>
CITY-ST-ZIP		5.4 CITY-ST-ZIP	<b>-05/07/96--01028--035</b>
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	<b>***200.00</b>
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: *James L. Young* **JAMES L. YOUNG** **4/22/96** **(954) 708405**  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (12/95)