

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **F94000000690 (7)**

1. Corporation Name
YUNIS REALTY, INCORPORATED

Principal Place of Business

214 E. CHURCH ST.
 ELMIRA NY 14901

Main Address

214 E. CHURCH ST.
 ELMIRA NY 14901



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

3.	Date Incorporated or Qualified	3a.	Date of Last Report
	02/11/1994		02/23/1995
4.	FEE Number	Applied For	
	16-0929989	Not Applicable	
5.	Certificate of Status Desired	\$8.75 Additional Fee Required	
	<input type="checkbox"/>		
6.	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
	<input type="checkbox"/>		
8.	This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

SNYDER, WILLIAM ESQ
7931 SW 45TH ST.
DAVIE FL 33328

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 607.0032 and 607.1504, 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 607.0032, Florida Statutes.

SIGNATURE _____ DATE _____ FEE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PC	TITLE	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
NAME	YUNIS, TUFFEE J	NAME	D YUNIS, AMY K
STREET ADDRESS	681 W. CLINTON ST.	STREET ADDRESS	214 E. CHURCH ST.
CITY-STATE-ZIP	ELMIRA NY 14905	CITY-STATE-ZIP	ELMIRA NY 14901
TITLE	VDT	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, MARY H	NAME	
STREET ADDRESS	681 W. CLINTON ST.	STREET ADDRESS	
CITY-STATE-ZIP	ELMIRA NY 14905	CITY-STATE-ZIP	
TITLE	VDS	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, MARY J	NAME	
STREET ADDRESS	740 LARCHMONT RD.	STREET ADDRESS	
CITY-STATE-ZIP	ELMIRA NY 14905	CITY-STATE-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, JOHN T	NAME	
STREET ADDRESS	214 E. CHURCH ST.	STREET ADDRESS	
CITY-STATE-ZIP	ELMIRA NY 14901	CITY-STATE-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, HELEN A	NAME	
STREET ADDRESS	214 E. CHURCH ST.	STREET ADDRESS	
CITY-STATE-ZIP	ELMIRA NY 14901	CITY-STATE-ZIP	
TITLE	D	TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YUNIS, BARBARA J	NAME	
STREET ADDRESS	214 E. CHURCH ST.	STREET ADDRESS	
CITY-STATE-ZIP	ELMIRA NY 14901	CITY-STATE-ZIP	

14. I do hereby certify that the information supplied with this filing was voluntarily furnished and given truthfully for the reasons stated in Section 119.02(3)(g), Florida Statutes. I further certify that the information included on this annual report or supplemental annual report is true and I make and state that my signature shall have the same legal effect as if made under oath, that I am an officer or director of the corporation, the receiver or trustee authorized by law, the report is made in compliance with Chapter 607, Florida Statutes, and that my name appears in Boxes 12 or 13 or both 12 and 13 if changed or changed from a number.

SIGNATURE: *Mary Jo Yunis* MARY JO YUNIS
 SIGNATURE AND TYPE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/28/96 (607) 733-3344

CR2E034 (12/95)