


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

PROCTER

**FILED**  
**Mar 17, 1999 8:00 am**  
**Secretary of State**

03-17-1999 90100 019 \*\*\*150.00

PROFIT CORPORATION ANNUAL REPORT <b>1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # F94000000690**

1. Corporation Name  
**YUNIS REALTY, INCORPORATED**



Principal Place of Business 214 E. CHURCH ST. ELMIRA NY 14901	Mailing Address 214 E. CHURCH ST. ELMIRA NY 14901
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DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified <b>02/11/1994</b>	
4. FEI Number <b>16-0929989</b>	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Number is Not Acceptable)	
83	
84 City	85 Zip Code

**FL**

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 reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	PC	<input type="checkbox"/> DELETE
NAME	YUNIS, TUFFEE J	
STREET ADDRESS	681 W. CLINTON ST.	
CITY-ST-ZIP	ELMIRA NY 14905	
TITLE	VDT	<input type="checkbox"/> DELETE
NAME	YUNIS, MARY H	
STREET ADDRESS	681 W. CLINTON ST.	
CITY-ST-ZIP	ELMIRA NY 14905	
TITLE	VDS	<input type="checkbox"/> DELETE
NAME	YUNIS, MARY J	
STREET ADDRESS	740 LARCHMONT RD.	
CITY-ST-ZIP	ELMIRA NY 14905	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YUNIS, JOHN T	
STREET ADDRESS	214 E. CHURCH ST.	
CITY-ST-ZIP	ELMIRA NY 14901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YUNIS, HELEN A	
STREET ADDRESS	214 E. CHURCH ST.	
CITY-ST-ZIP	ELMIRA NY 14901	
TITLE	D	<input type="checkbox"/> DELETE
NAME	YUNIS, BARBARA J	
STREET ADDRESS	214 E. CHURCH ST.	
CITY-ST-ZIP	ELMIRA NY 14901	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
1.2 NAME	YUNIS, AMY K	
1.3 STREET ADDRESS	214 E. CHURCH STREET	
1.4 CITY-ST-ZIP	ELMIRA, NY 14901	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: *[Signature]* **SIGNATURE REQUIRED** 3/10/99 (607) 733-3344

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (11/98)