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

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

FILED May 01, 1999 8:00 am Secretary of State

05-01-1999 90043 014 ***150.00

DOCUN	MENT # P94000	006737					
1. Corporation	OAT YARD, INC						
0, 111, 10				,	1 (60) (00) (10 (10) (2) (10) (2) (10) (10) (10) (10) (10) (10) (10) (10		
	:	· · · · · · · · · · · · · · · · · · ·	<u> </u>	. 17			
Principal Place	e of Business	Mailing Address					
10 BRYAN ROA		10 BRYAN ROAD					
DANIA FL 33004	4	DANIA FL 33004			DO NOT WRITE IN TH	IIS SPACE	• :
					3. Date Incorporated or Qualifed		
					01/27/1994		
2, Principal Pi	ace of Business	2a. Mailing Address			4, FEI Number		plied For
21		26			65-0462744	\$8.75 A	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	Fee Re	
City & State	e	City & State			6. Election Campaign Financing	\$5.00	
23	-	28			Trust Fund Contribution	Added to	
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 Current	Registered Agent			10. Name and Address of New Register	ed Agent	
CDAI	NO CRAIG IM		81	Name			
SPANO, CRAIG W			82	Street Add	ress (P.O. Box Number is Not Acceptable)		-
- 3217 NE 40TH STREET 10 Bryan Road FT. LAUDERDALE FL 33308 Dania FL 33004			83				
11.6	DAUDENDALE IE 00000		83		·		
			84	City		85 Zip C	Code
44 Dureuant	to the provisions of Sections 607 0503	2 and 607 1508. Florida Statutes	the above	-named corr	poration submits this statement for the nurnose	of changing its	registered
office or re	egistered agent, or both, in the State o	of Florida. Such change was auth	iorized by	the corporati	ion's board of directors. I hereby accept the ap	pointment as req	gistered
agent. I ai	m familiar with, and accept the obligat	ions of, Section 607.0505, Florida	a Statutes				ĺ
SIGNATURE	Signature, typed or printed name of registered agen	t and title if applicable. (NOTE: Re	gistered Ager	nt signature require	ed when reinstating) DATE		
12.	OFFICERS AN		13.		ADDITIONS/CHANGES TO OFFICERS		
TITLE	Р	☐ DELETE	1.1 TITLE			Change	☐ Addition
NAME	SPANO, CRAIG W		1.2 NAME		•		ĺ
STREET ADDRESS	3217 NE 40TH STREET 10 Bryan Road			ADDRESS]
CITY-ST-ZIP	FT. LAUDERDALE FL 33308 Dania FL 33004		1.4 CITY-ST-ZIP 2.1 TITLE			☐ Change	Addition
TITLE			2.1 IIILE 2.2 NAME				
NAME			2.3 STREET	T ADODESS			
STREET ADDRESS			2.4 CITY-S				ļ
CITY-ST-ZIP TITLE			3.1 TITLE)1-ZIF	L N. Comment	Change	Addition
NAME			3.2 NAME	ļ			j
STREET ADDRESS	*		3.3 STREET	TADORESS			
CITY-ST-ZIP			3.4. CITY-S	ş			
TITLE	Ù DELETE		4.1 TITLE			☐ Change	☐ Addition
NAME			4. 2 NAME				
STREET ADDRESS			4.3 STREE	TADDRESS			
CITY-ST-ZIP			4.4 CITY- S	T-ZIP		Chanca	☐ Addition
TITLE		DELETE	5.1 TITLE			Change	☐ Addition
NAME	,		5.2 NAME	TADDRESS .	•	,	ł
STREET ADDRESS	4		5.4 CITY-S				ŀ
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE	1-21		☐ Change	Addition
NAME	· · · · ·	_ 5	6.2 NAME				_
STREET ADDRESS	• • • • • • • • • • • • • • • • • • • •			TADORESS	•		

14. Thereby 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 suppliemental 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 trackee 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.

6.4 CITY-ST-ZIP

SIGNATURE:

GNATURE AND THE OF SIGNING OFFICER OR DIRECTOR

APR 27 1999

954-927-0450

Daytime Phone #

CRZE034 (11/9