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PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000022617 (1)

BACKYARDS-&-MORE, INC.

Mailing Address Principal Place of Business **6890 SW 57 STREET** 6890 SW 57 STREET DAVIE FL 33314-7014 DAVIE FL 33314 3. Date Incorporated or Qualified 3a. Date of Last Report 03/20/1995 05/01/1996 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 65-0568146 Not Applicable 26 21 Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing Trust Fund Contribution Added to Fees 23 28 Country 8. This corporation has liability for intangible tax under s. 199.032, Country Zip Zio Florida Statutes Yes No 30 24 25 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent RANDAZZO, YVETTE **6890 SW 57 STREET** Street Address (P.O. Box Number is Not Acceptable) **DAVIE FL 33314** 83 85 Zip Code 84 City 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 Signature, typed or printed name of registered agent and tice if applicable (NOTE: Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 96/6) OFFICERS AND DIRECTORS 12. 13. Addition Change DELETE 1.1 TITLE THILE RANDAZZO, JOSEPH 1.2 NAME NAME 6890 SW 57TH ST. STREET ADDRESS 1.3 STREET ADDRESS **DAVIE FL 33314** 1.4 CITY-ST-ZIP CHY-SI-7P Addition DELETE Change 21 TITLE TITLE RANDAZZO, YVETTE 2.2 NAME NAME **6890 SW 57 STREET** 2.3 STREET ADDRESS STREET ADDRESS DAVIE FL 33314 2 4 CITY+ST-ZIP CHEY-ST-ZIP Change Addition DELETE TITLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP CITY - ST - ZIP Change Addition DELETE 4.1 TITLE Tille 4. 2 NAME NAMÉ 4.3 STREET ADDRESS STREET ADDRESS 4.4 CITY-ST-ZIP CITY - \$1 - ZIP Change Addition DELETE 5.1 TITLE THE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CHTY - ST - ZIP DELETE Change ___ Addition 6.1 TITLE THEE 62 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

D(f) - S1 - 7(P)

Wette Kandles AU 11 1 1

14. Too 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 attagment with an address.

FILED

May 08 1997 8:00am

Secretary of State