

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

FILED
May 05 1997 8:00am
Secretary of State



PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P96000093760 (2)

1. Corporation Name
THE YARD MEDIC, INC.



Principal Place of Business: **15950 SW 144TH CT. MIAMI FL 33177**
 Mailing Address: **15950 SW 144TH CT. MIAMI FL 33177-6886**

3. Date Incorporated or Qualified: **11/12/1996** 3a. Date of Last Report

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

4. FEI Number: **65-0722239** 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
 6. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent

COLE, KENNETH R
15950 SW 144TH CT.
MIAMI FL 33177

10. Name and Address of New Registered Agent

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 607.0502 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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE: D <input type="checkbox"/> DELETE	NAME: COLE, KENNETH R	1.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: 15950 SW 144TH CT.	CITY-ST-ZIP: MIAMI FL 33177	1.2 NAME: Jorge Pousa
TITLE: D <input type="checkbox"/> DELETE	NAME: JACKSON, RICHARD	1.3 STREET ADDRESS: 13789 S.W. 160st
STREET ADDRESS: 5335 SW 101ST AVE.	CITY-ST-ZIP: MIAMI FL 33185	1.4 CITY-ST-ZIP: Miami, FL 33177
TITLE: <input type="checkbox"/> DELETE	NAME: _____	2.1 TITLE: <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.2 NAME: Christy Cole
TITLE: <input type="checkbox"/> DELETE	NAME: _____	2.3 STREET ADDRESS: 15950 S.W. 144th
STREET ADDRESS: _____	CITY-ST-ZIP: _____	2.4 CITY-ST-ZIP: Miami, FL 33177
TITLE: <input type="checkbox"/> DELETE	NAME: _____	3.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.2 NAME: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	3.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	3.4 CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	4.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.2 NAME: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	4.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	4.4 CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	5.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.2 NAME: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	5.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	5.4 CITY-ST-ZIP: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	6.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.2 NAME: _____
TITLE: <input type="checkbox"/> DELETE	NAME: _____	6.3 STREET ADDRESS: _____
STREET ADDRESS: _____	CITY-ST-ZIP: _____	6.4 CITY-ST-ZIP: _____

14. I do 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.

SIGNATURE: _____ 4-10-97 305-255-4869
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
 0241003

CR2E034 (9/96)