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

**PROFIT** CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000041401 (5)

BACKYARDS USA, INC.

## **FILED** Apr 24 1998 8:00am Secretary of State



Principal Place of Business Mailing Address					- r oddirada ara iddin abder bolar dolar bolar bolar bolar di	981 ILBLI GIBII BAI	181   1881   1 <b>98</b> 1	
6641 NW 4 COURT PLANTATION FL 33317 PLANTATION FL 33317				DO NOT WRITE IN THIS SPACE			SPACE	
						3. Date Incorporated or Qualified		
						05/09/1997		
<b>⊢</b> −	Principal Place of Business 2a. Mailing Address					4. FEI Number	<u> </u>	optied For
21   26   Suite, Apt. #, etc.   Suite, Apt. #, etc.						65-0751607		ot Applicable
27						5. Certificate of Status Desired	T	Additional equired
City & State	City & State City & State					6. Election Campaign Financing Trust Fund Contribution		May Be to Fees
Zip	Country Zip			Country		8. This corporation owes or has paid the cu		
24	25 29 30					Personal Property Tax due June 30.		] No
	9. Name and Address of Curre					10. Name and Address of New Registered	Agent	
ROYALE MANAGEMENT SERVICES, INC.				81	Name			
2319 N ANDREWS AVENUE				82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
FORT LAUDERDALE FL 33311			ŀ	83				
				84	City		<b>85</b> Zip	Code
					•	FI	L   · ·	
l office or r	eolstered agent, or both, in the State	e of Florida. Such change was	authorized	i by 1	named corporation	pration submits this statement for the purpose on's board of directors. I hereby accept the ap	of changing it pointment as	is registered registered
)	m familiar with, and accept the oblic	jalions of, Section 607.0505, F	lorida Stati	utes.				l
SIGNATURE	Signature, typed or printed name of registured as	ent and title if applicable (NO	Tt.: Registered	i Ageni	signature require	d when reinstating) DATE	<del></del>	
12.		ID DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AN	ID DIRECTOR	RS IN 12
TITLE	PD	DELETE	1.1 101	LE			Change	☐ Addition
NAME	<b>B</b> EETLER, SHAWN		1.2 NA	ME				ŀ
STREET ADDRESS	6641 NW 4 COURT		1.3 ST	REFT A	DDRESS			
CITY-ST-ZIP	PLANTATION FL 33317		1.4 CITY-ST-ZIP		- ZIP			
TITLE	STO DELETE			2.1 TITLE			☐ Change	Addition
NAME	CRAIG, OTIS SCOTT 5517 NE CTH-OTREET N. 4NDREWS			2.2 NAME				
STREET ADDRESS	FORT I MICEOCALE EL CASAS				DDRESS			
CITY+ST-ZIP TITLE	<u> </u>			2.4 CITY-ST-ZIP 3.1 TITLE			Change	Addition
NAME	) been			3.2 NAME			E one go	
STREET ADDRESS					DDRESS			i
CITY-ST-ZIP				TY-ST	ł			
TITLE	DELETE			4.1 TITLE			Change	Addition
NAME			4.2 N/	AME				Į
STREET ADDRESS			4.3 ST	REET A	DDRESS			
CITY-ST-ZIP			4.4 Ci	TY-\$T-	ZIP			
TITLE	DELETE		5.1 TIT	5.1 TITLE			Change	Addition
HAME			5.2 NA	ME				
STREET ADDRESS			5.3 \$1	REET A	DDRESS			
CITY-ST-ZIP				5 4 CITY - ST - ZIP			T16:	1 1 1 1 1 1 1
TITLE	DELETE			61 TITLE			Change	Addition
NAME			6.2 NA					İ
STREET ADDRESS					DDRESS			]
CITY-ST-ZIP			6.4 Cf	Y-ST-	ZIP			

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 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: