

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

FILED
Mar 12 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # F96000003231 (5)

1. Corporation Name
BACK-IN-A-FLASH, INC.

Principal Place of Business
1135 W. 6TH ST., STE 140
AUSTIN TX 78703

Mailing Address
1135 W. 6TH ST., STE 140
AUSTIN TX 78703



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 1705 S. Capital of TX Hwy Suite, Apt. #, etc. 22 Suite 400 City & State 23 Austin, TX 78746 Zip 24 Country		2a. Mailing Address 26 1705 S. Capital of TX Hwy Suite, Apt. #, etc. 27 Suite 400 City & State 28 Austin, TX 78746 Zip 29 Country		3. Date Incorporated or Qualified 06/26/1996	
		4. FEI Number 74-2730333		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	
		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No			

9. Name and Address of Current Registered Agent THE PRENTICE-HALL CORPORATION SYSTEM, INC. 1201 HAYS STREET SUITE 105 TALLAHASSEE FL 32301		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	
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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

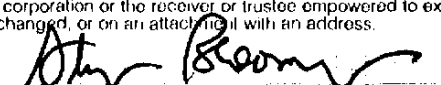
Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	☒ Change ☐ Addition
NAME	BLOOMQUIST, GLYNN	1.2 NAME	
STREET ADDRESS	3 CLUB ESTATES PKWY	1.3 STREET ADDRESS	1705 S. Capital of TX Hwy
CITY-ST-ZIP	AUSTIN TX 78738	1.4 CITY-ST-ZIP	Austin, TX 78746
TITLE	S	2.1 TITLE	☒ Change ☐ Addition
NAME	FILE, JONATHAN E	2.2 NAME	
STREET ADDRESS	77 HILLSIDE AVENUE	2.3 STREET ADDRESS	555 Taxler Rd.
CITY-ST-ZIP	MOUNT KISCO NY 10549	2.4 CITY-ST-ZIP	Elmsford, NY
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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.

SIGNATURE:  Glynn Bloomquist 3.5.98 512-477-4316

CR2E034 (10/97)