

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

FILED  
May 11 1998 8:00am  
Secretary of State

|  |   |  |
|--|---|--|
| PROFIT<br>CORPORATION<br>ANNUAL REPORT<br>1998 |  | FLORIDA DEPARTMENT OF STATE<br>Sandra B. Mortham<br>Secretary of State<br>DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # F97000006806 (0)

1. Corporation Name

BACK BRACING CONCEPTS, INC.

Principal Place of Business

PO BOX 360078  
CLEVELAND OH 44136

Mailing Address

PO BOX 360078  
CLEVELAND OH 44136



DO NOT WRITE IN THIS SPACE

|  |                      |                     |                      |   |  |
|--|----------------------|---------------------|----------------------|---|--|
| 2. Principal Place of Business   |                      | 2a. Mailing Address |                      | 3. Date Incorporated or Qualified   |  |
| 21   | 21513 LITTLEBROOKWAY | 26                  | 21513 LITTLEBROOKWAY | 12/23/1997  |  |
| Suite, Apt. #, etc.  |                      | Suite, Apt. #, etc. |                      | 4. FEI Number   |  |
|  |                      |                     |                      | 34-1717074  |  |
| City & State   |                      | City & State        |                      | 5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required  |  |
| 23 CLEVELAND, OHIO   |                      | 28 CLEVELAND, OHIO  |                      | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees   |  |
| Zip  |                      | Zip                 |                      | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |  |
| 24 44136   |                      | 29 44136            |                      |   |  |
| 9. Name and Address of Current Registered Agent                          |                      |                     |                      | 10. Name and Address of New Registered Agent  |  |
| LEBRON, SANDRA L<br>101 S. OLD COACHMAN RD., #501<br>CLEARWATER FL 33765 |                      |                     |                      | 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

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                      | PT                    | 1.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       | LEBRON, REBECCA       | 1.2 NAME  |  |
| STREET ADDRESS             | 21513 LITTLEBROOK WAY | 1.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                | CLEVELAND OH 44136    | 1.4 CITY-ST-ZIP                                       |  |
| TITLE                      | VS                    | 2.1 TITLE   | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | LEBRON, SANDRA        | 2.2 NAME  | V3 SANDRA LEBRON   |
| STREET ADDRESS             | 21513 LITTLEBROOK WAY | 2.3 STREET ADDRESS                                    | 101 S. OLD COACHMAN ROAD, #501   |
| CITY-ST-ZIP                | CLEVELAND OH 44136    | 2.4 CITY-ST-ZIP                                       | CLEARWATER, FLORIDA 33765  |
| TITLE                      |                       | 3.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                       | 3.2 NAME  |  |
| STREET ADDRESS             |                       | 3.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 3.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 4.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                       | 4.2 NAME  |  |
| STREET ADDRESS             |                       | 4.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 4.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 5.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> Addition            |
| NAME                       |                       | 5.2 NAME  |  |
| STREET ADDRESS             |                       | 5.3 STREET ADDRESS                                    |  |
| CITY-ST-ZIP                |                       | 5.4 CITY-ST-ZIP                                       |  |
| TITLE                      |                       | 6.1 TITLE   | <input type="checkbox"/> Change <input type="checkbox"/> 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



SANDRA L. LEBRON

428-98

(813) 712-1689

CR2E034 (10/97)