Feb 22, 1999 8:00 am Secretary of State 02-22-1999 90135 042 ***150.00

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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT #	F98000002797
Corporation Name	. 00000002.0.

BACK BAY INC. OF COLORADO

Principal Place of Business	 Mailing Address —	
2061 ENGLEWOOD RD. SUITE 4 ENGLEWOOD FL 34223	2061 ENGLEWOOD RD. SUITE 4 ENGLEWOOD FL 34223	

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21 1 0 1 S. Tamiami Trail 26 SAME Suite, Apt. #, etc. 22 Nokomis , Florida City & State City & State City & State City & State Zip Country S. Certificate of Status Desired Fee R Trust Fund Contribution Added Added Added Fee R Trust Fund Contribution Added Added Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name	pplied For ot Applicable Additional equired May Be to Fees
2. Principal Place of Business 2. Mailing Address 3. A FEI Number 4. FEI Number 84-1289052 Suite, Apt. #, etc. 5. Certificate of Status Desired Fee R City & State City &	ot Applicable Additional equired May Be to Fees
2. Principal Place of Business 2. Mailing Address 2. Mailing Address 2. A Mailing Address 2. A Mailing Address 3. A FEI Number 3. A Mailing Address 4. FEI Number 3. A Mailing Address 5. Certifcate of Status Desired	ot Applicable Additional equired May Be to Fees
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21 1 0 1 S. Tamiami Trail 26 SAME Suite, Apt. #, etc. 22 Nokomis , Florida City & State City & State City & State City & State Zip Country S. Certificate of Status Desired Fee R Trust Fund Contribution Added Added Added Fee R Trust Fund Contribution Added Added Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name	ot Applicable Additional equired May Be to Fees
Suite, Apt. #, etc. 22 Nokomis , Florida City & State City & State City & State City & State Country Zip Country B. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name	Additional equired May Be to Fees
Solution	equired May Be to Fees
City & State Trust Fund Contribution Added Zip Country Zip Country 8. This corporation owes the current year Intangible Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name	May Be to Fees
23 3 4 2 7 5 Sarasota 28 Trust Fund Contribution Added Zip Country Zip Country 8. This corporation owes the current year Intangible 24 25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	to Fees
23 34275 Sarasota 28 Trust Fund Contribution Added	
24 25 29 30 Personal Property Tax. Yes 9. Name and Address of Current Registered Agent 81 Name 81 Name	□No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	I INO I
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name	
MULLIGAN, JOHN J Jōhn J Mulligan	
2061 ENGLEWOOD RD, SUITE 4 82 Street Address (P.O. Box Number is Not Acceptable)	
ENGLEWOOD FL 34223	
101 S. Tamiami Trail	
84 City Nokomis	Code 275
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 it	s registered
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-hamed corporation submits this statement for the purpose of changing it 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 reagent. I am familiar with and accept the ophicalions of, Section 607.0505, Florida Statutes.	,gistered
SIGNATURE Signature/typed or printed name of registered agent and tyle if applicable. ONTE: Registered Agent signature required when reinstating) DATE DATE	 }
12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECT	ORS IN 12
TITLE P DELETE 1.1 TITLE Change	
NAME MULLIGAN, MICHELLE A 12 NAME	
STREET ADDRESS 729 N. MANASOTA KEY RD 1.3 STREET ADDRESS	
CITY-ST-ZIP ENGLEWOOD FL 34223 1.4 CITY-ST-ZIP	
	5 A J.C.C.
TITLE V DELETE 2.1 TITLE	Addition
The A	Addition
NAME MULLIGAN, JOHN J 22 NAME	Addition
NAME MULLIGAN, JOHN J 22 NAME STREET ADDRESS 729 N. MANASOTA KEY RD 23 STREET ADDRESS	☐ Addition
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MULLIGAN, JOHN J STREET ADDRESS 729 N. MANASOTA KEY RD CITY-ST-ZIP ENGLEWOOD FL 34223 DELETE 3.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 3.1 TITLE ALTITLE DELETE 4.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE DELETE 4.1 TITLE AS AME 4.2 NAME 4.2 NAME 4.2 NAME 5TREET ADDRESS CITY-ST-ZIP TITLE DELETE 5.1 TITLE NAME STREET ADDRESS	Addition
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NAME	Addition Addition

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 suppliemental 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, with all other like empowered.

SIGNATURE:

REVice-President

01-04-99

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