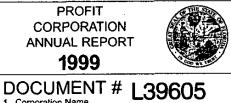
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

FILED Apr 09, 1999 8:00 am Secretary of State

04-09-1999 90075 019 ***150.00

WELCO	ME BACK, INC.			-							
Principal Plac	e of Business	Mailing Add	ress					E INNIHATE ANN STEEN INSTA MIET AND IN AFTER A)	BII BIBIL BIBIL EBRI
900 GULF DRIVE NORTH 900 GULF DRIVE NORTH											
BRADENTON BEACH FL 34217 BRADENTON BEACH FL 3421				217	7			DO NOT WRITE IN 1	HIS S	PACE	
							-	3. Date Incorporated or Qualifed			
								01/02/1990			
Principal Place of Business 2a. Mailing Address								4. FEI Number			Applied For
21	· .0. +	26		-				65-0164621		\Box	Not Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc			pt. #, etc.					5. Certificate of Status Desired			5 Additional Required
22		27									
City & Star	te	City & S	state					6. Election Campaign Financing Trust Fund Contribution		T	00 May Be ed to Fees
23 \ Zin	Country	Zip		Cou	ntrv			8. This corporation owes the current year	r Inta		
Zip	25	29	1	30			ļ	Personal Property Tax.		Yes	-the
24	9. Name and Address of Curren			30				10. Name and Address of New Register	red A	gent	<i>b</i> ′
					81	Name					
CHIPAIN, THOMAS G					82	Stroot	Address (P.O. Box Number is Not Acceptable)				
	GULF DRIVE					Sueet	Addies	Jaress (P.O. Box Number is Not Acceptable)			
BRA	DENTON BCH FL 34217				83						
					84	City				85 2	Zip Code
						•		ation submits this statement for the purpos	FL		
					Agent	l signature	required w	ADD/TIONS/CHANGES TO OFFICER		DIREC	CTORS IN 12
12.	PSD		☐ DELETE	13.	LE .		ø/V/	T/S/D		Chan	ge 🔲 Additio
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CITY-ST-ZIP TITLE			□ DELETE	5.1 TT 5.2 N/ 5.3 ST	ILE IME REET IY-ST	ADDRESS		·		☐ Char	
			_	5.1 TT 5.2 N/ 5.3 ST 5.4 Cr	ILE ME REET IY-ST LE	ADDRESS					
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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 fact trate 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 onlan attachment with an address, with all other like empowered.

SIGNATURE:

RDIRECTOR