

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT 1996



FLORIDA DEPARTMENT OF STATE
Sandra B. Mathiam
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P93000053237 (2)**

1. Corporation Name
THE BACK DOCK, INC.



Principal Place of Business
**81532 OVERSEAS HWY.
ISLAMORADA FL 33036**

Mailing Address
**P O BOX 283
ISLAMORADA FL 33036
US**

2. Principal Place of Business
21 State, Apt. #, Etc.
22 City & State
23 Zip Country
24 Zip 25 Country

2a. Mailing Address
26 State, Apt. #, Etc.
27 City & State
28 Zip Country
29 Zip 30 Country

3. Date Incorporated or Qualified **07/28/1993** 3a. Date of Last Report **04/27/1995**

4. FEI Number **65-0441163** 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 has liability for intangible tax under s. 193.032, Florida Statutes. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**HERTEL
136 SEASHORE DR
P O BOX 283
ISLAMORADA FL 33036**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83 City
84 City
FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.15(8), 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 607.06(5), Florida Statutes.

SIGNATURE _____ DATE _____

12. OFFICERS AND DIRECTORS

DELETE

TITLE: **DP**
NAME: **HERTEL, GEORGE D**
STREET ADDRESS: **81532 OVERSEAS HWY**
CITY-STATE-ZIP: **ISLAMORADA FL 33036**

DELETE

TITLE: **DST**
NAME: **HERTEL, DOROTHY J**
STREET ADDRESS: **81532 OVERSEAS HWY**
CITY-STATE-ZIP: **ISLAMORADA FL 33036**

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

DELETE

TITLE: _____
NAME: _____
STREET ADDRESS: _____
CITY-STATE-ZIP: _____

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1. TITLE _____
1.0 NAME _____
1.1 STREET ADDRESS _____
1.2 CITY-STATE-ZIP _____

Change Addition

2. TITLE _____
2.0 NAME _____
2.1 STREET ADDRESS _____
2.2 CITY-STATE-ZIP _____

Change Addition

3. TITLE _____
3.0 NAME _____
3.1 STREET ADDRESS _____
3.2 CITY-STATE-ZIP _____

Change Addition

4. TITLE _____
4.0 NAME _____
4.1 STREET ADDRESS _____
4.2 CITY-STATE-ZIP _____

Change Addition

5. TITLE _____
5.0 NAME _____
5.1 STREET ADDRESS _____
5.2 CITY-STATE-ZIP _____

Change Addition

6. TITLE _____
6.0 NAME _____
6.1 STREET ADDRESS _____
6.2 CITY-STATE-ZIP _____

Change Addition

7. TITLE _____
7.0 NAME _____
7.1 STREET ADDRESS _____
7.2 CITY-STATE-ZIP _____

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), Florida Statutes. I further certify that the information indicated on this annual report or supplementary 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 B. Mathiam* Sec. 3/12/96 305-664-9871
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)