

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

CORPORATION
ANNUAL REPORT
1995



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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

95 MAR 16 AM 10:50

DOCUMENT # P94000015553 (8)

1. Corporation Name

BACK IN TIME, INC.

Principal Place of Business

1840 HYPOLUXO ROAD
SUITE A-14
LANTANA FL 33462

Mailing Address

1840 HYPOLUXO ROAD
SUITE A-14
LANTANA FL 33462

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified
02/22/1994

3a. Date of Last Report
n/a

4. FEI Number
65-0466492

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. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24

2a. Mailing Address

26 5245 Rosen Blvd.

27 Suite, Apt. #, etc.

28 Boynton Beach FL

29 33437

30 Palm Beach

9. Name and Address of Current Registered Agent

SABAC, REBECCA
1840 HYPOLUXO ROAD
SUITE A-14
LANTANA FL 33462

10. Name and Address of New Registered Agent

81 Name

Kathy Whaley

82 Street Address (P.O. Box Number is Not Acceptable)

5245 Rosen Blvd.

83

Boynton Beach, FL

84 City

Boynton Beach

85 Zip Code

33437

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 reappointing)

DATE

OFFICERS AND DIRECTORS

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

12. TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
V/D/S
Rebecca Sabac
6192 Windlass Circle
Boynton Beach, FL 33437

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP
P/D/T
Kathy Whaley
5245 Rosen Blvd.
Boynton Beach, FL 33437

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

3.1 TITLE

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

4.1 TITLE

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

5.1 TITLE

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-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 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 to an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

3-9-95

Date

407-364-4853

Telephone Number