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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

## Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

## DOCUMENT # P94000085825 (5)

BACK IN THE SWING, INC.

Principal Place of Business	Mailing Address
PIÓ BÉ 4TH AVE. POMPANO BEACH FL 33080	910 SE 4TH AVE. POMPANO BEACH FL 33060-8809

FILED
May 13 1997 8:00am
Secretary of State



3s. Date of Last Report

05/01/1996

3. Date Incorporated or Qualified

4/29/97

11/21/1994

	Ea. Mailing Address				4. FELINATION	Applied For
1		26			65-0538969	Not Applicable
Sulte, Apt.	Apt. #, etc. Suite, Apt. #, etc. 27				5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	9	City & State	<del></del>		6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Coun	try	8. This corporation has liability for intangit	
4	25 29 30				Florida Statutes	
	9. Name and Address of Current	Registered Agent			10. Name and Address of New Registers	d Agent
YAH	ARA, MAE L			Name		
910 SE 4TH AVE.			82 Street Address (P.O. Box Number is Not Acceptable)			
	IPANO BEACH FL 33060		`	Sileet Add	ress (F.O. box rigiliber is not Acceptable)	
,			Ţī	33		
			L.			
			[,	City	F	85 Zip Code
11. Pursuant 1	to the provisions of Sections 607.0502	and 607.1508, Florida Sta	itutes, the ab	ove-named cor	poration submits this statement for the purpose	e of changing its registered
<b>office</b> or re	egistered agent, or both, in the State c <b>m fam</b> iliar with, and accept the obligat	of Florida. Such change wa	as authorized	by the corpora	ition's board of directors. I hereby accept the a	ppointment as registered
	in latilitar with, and accept the obligat	ons of, aection oo7.0000,	i Florida otatu	165.		
BIGNATURE	Signature, typod or printed name of registered agent	and lite if applicable	NOTE Registered	Agent Signature regu	ured when reinstating) DATE	
12.	OFFICERS AND		13.		ADDITIONS/CHANGES TO OFFICERS A	
ITLE	P	DELETE	1.1 TITL	F I		Change Addition
IAME	OETTING, RANDI B		1.2 NAM	1E		<u> </u>
STREET ADDRESS	910 SE 4 AVE			EET ADDRESS		
CITY-87-ZIP	POMPANO BEACH FL 33060			r-\$1-2iP		
TILE	V	DELETE	21 700			Change Addition
WME .	WALLANA MAP		2 2 NAM	16		,
STREET ADDRESS	910 SE 4 AVE			EET ADDRESS		
CITY-ST-ZIP	POMPANO BEACH FL 33060			Y-ST-ZIP		
ITLE		DELETÉ	3.1 T(T)			☐ Change ☐ Addition
NAME			3.2 NAM			
STREET ADDRESS				EE1 ADDRESS		
CITY-ST-ZIP				Y-ST-ZIP		
TITLE	·	DELETE	4 1 7/10			Change Addition
NAME			4.2 NA	ME		
STREET ADDRESS			4.3 STR	EET ADDRESS		
CITY-ST-ZIP			4.4 CIT	r-ST-ZIP		
ITLE		☐ DELETE	511 11			Change Addition
NAME :			52 NA	1 <u>f.</u>		
STREET ADDRESS			5 3 518	EST ADDRESS		
CITY-ST-ZIP			5.4 CH	/-ST-ZIP		
TITLE		DELETE	6.1 1111			☐ Change ☐ Addition
NAME_			6.2 NA	16		
STREET ADDRESS			6.3 STR	EE1 ADDRESS		
CITY+\$T-ZIP			6.4 CIT	(-ST-ZIP		
14. I do heret	by certify that the information supplied	with this filing does not qu	ualify for the o	xemption state	d in Section 119.07(3)(i), Florida Statutes, I furt	her certify that the
l am an o	in Indicated on this annual report or su fficer or director of the corporation or t in <b>Block 12 or Block 13</b> if changed, or	he receiver or trustee emp	cowered to ex	courate and tha lecute this repo	at my signature shalf have the same legal effect ort as required by Chapter 607, Florida Statutes	, as it made under eath; that ; and that my name