

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

FILED

May 02 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000019106 (0)**

1. Corporation Name
BACKUP AMERICA, INC.

Principal Place of Business
**10610 SW 158 COURT, STE. 108
MIAMI FL 33196**

Mailing Address
**10610 SW 158 COURT, STE. 108
MIAMI FL 33196-4217**



2. Principal Place of Business 21 15771 SW 104 Terr. Suite, Apt. #, etc. 22 #202 City & State 23 Miami, FL Zip 24 33196 Country 25 USA		2a. Mailing Address 26 P.O. Box 163239 Suite, Apt. #, etc. 27 City & State 28 Miami, FL Zip 29 33146 Country 30 USA		3. Date Incorporated or Qualified 03/07/1995	3a. Date of Last Report 04/22/1996
				4. FEI Number 65-0562958	Applied For Not Applicable
				5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**GIBSON, ANTJE M
10610 SW 158 COURT, STE. 108
MIAMI FL 33196**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
15771 SW 104 Terrace
83 **#202**
84 City **Miami** FL 85 Zip Code **33196**

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

Antje M. Gibson
Signature, typed or printed name of registered agent and title if applicable

Antje M. Gibson
(Not E. Registered Agent signature required when reinstating)

4/21/97
DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, ANTJE M	1.2 NAME	
STREET ADDRESS	10610 SW 158 COURT, STE. 108	1.3 STREET ADDRESS	15771 SW 104 Terr #202
CITY-ST-ZIP	MIAMI FL 33196	1.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	P <input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	GIBSON, PATRICK R	2.2 NAME	
STREET ADDRESS	10610 SW 158TH CT STE 108	2.3 STREET ADDRESS	15771 SW 104 Terr #202
CITY-ST-ZIP	MIAMI FL	2.4 CITY-ST-ZIP	Miami, FL 33196
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do 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 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:

Antje M. Gibson
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4/21/97
Date

305 539-6440
Daytime Phone #

0264450

CR2E034 (9/96)