Suite, Apt. #, etc.       Suite, Apt. #, etc.       6. Certificate of Status Desired       \$8,75 Additional Fee Required         22       27       City & State       6. Certificate of Status Desired       \$5.00 May Be Added to Fees         21       28       City & Country       Zip       Country       8. This corporation has liability for intengible tax under s. 199.032, Florida, Statutes       Yes       No         24       25       29       30       Florida, Statutes       Yes       No         9. Name and Address of Current Registered Agent       10. Name and Address of New Registered Agent       No       Street Address of New Registered Agent         COOPER, STEVEN J 564 5TH AVENUE MARCO ISLAND FL 33937       81       Name       81       Name         82       Street Address (P.O. Box Number is Not Acceptable)       83       Interpret agent, or both in the State of Florida. Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the obligations of, Section 607, 0505, Florida Statutes.         Signature       Signature       Interpret or purpose of changing its registered agent agent and ter if aphenet agent	COI	PROFIT RPORATION UAL REPORT <b>1997</b>	ING FEE AFTEI	FLORIDA DEPAR Sandra B. Secretar	TMENT OF STATE Mortham y of State ORPORATIONS	May 07 1	LED 997 8:00am ry of State
NMPES FL 3399     NMPES FL 3016       2. Principal Princi (0) Exempts     2a. Mailing Address       3. Date Incorporated or Qualified     Set. Date Of Lesin Principal Princi Princi Principal Principal Princi Principal Principal Princi Pri	BACK T	o back produc	CTIONS, INC.				
Principal Palece VI Lancook     Principal Palece     Princi Palece     Principal Palece     P							
1       1					<u></u>	09/29/1995	05/01/1996
221     271     6. Conflicted Statute Desired     Fig. Briguland       21     City & State     6. Election Compatign Financing     \$5.000 May Be       21     20     20     Total Function     Addet to Fees       21     20     20     30     File corporation     Addet to Fees       21     21     20     30     File corporation     Addet to Fees       21     21     21     30     File corporation     Addet to Fees       22     23     10     Name and Address of Name Address of Name Registered Agent     10. Name and Address of Name Registered Agent       COVER 5, Statute       MARCO ISLAND FL 33937       11       Streat Address (P.O. Box Number is Not Acceptable)       MARCO ISLAND FL 33937       12       Address (P.O. Box Number is Not Acceptable)       MARCO ISLAND FL 33937       12       Address (P.O. Box Number is Not Acceptable)       MARCO ISLAND FL 33937       12       Address (P.O. Box Number is Not Acceptable)       Address (P.O. Box Number is Not Acceptable)       Streat Address (P.O. Box Number is Not Acceptable)       Address (P.O. Box Number is Not Acceptable) <th>21</th> <th></th> <th>26</th> <th></th> <th></th> <th>4. FEI Number</th> <th>Not Applicable</th>	21		26			4. FEI Number	Not Applicable
City 45 State       City 45 State       Exponencept Princing       \$5.00 May be added to Fee         21       County       Zip       County       At the comparise the interrigination and address of Current Registered Agent       Interrigination and address of Current Registered Agent       Interrigination and address of Current Registered Agent         01       B. Nome and Address of Current Registered Agent       Interrigination and Address of Current Registered Agent       Interrigination and Address of New Registered Agent         02       Set STH AVENUE       State       Set Sth AVENUE       Set Sth Avenue       Set Sth Avenue         84       Only       Exponentiation and Address of New Registered Agent       Interrigination and Address of New Registered Agent       Interrigination and Address of New Registered Agent         COUNDERS       Set Sth Avenue         11       Function agent of colors 607.0500 and 607.1500. Florids States the above named compared in submitting the statement for the purpose of changing age registered agent of colors florid agent of colors florids States       Set Sth Avenue       Set Sth Avenue         12       State Address of Color of the States       Address of Colors of the colors florid difference Address of the statement for the purpose of changing age registered agent of colors florids States       Address       Set Address of Colors of The statement for the purpose of changing age register		#, etc		uite, Apt. #, etc.		5. Certificate of Status Desired	
29       Country       27       Country       8. This coproducts has lability for imangible bits under signal bits under sign	City & Sta	le	, <u> </u>	ity & State		, , ,	
COOPER, STEVEN J S44 STH AVENUE MARCO ISLAND FL 33837       81       Name         82       Streat Address (P.O. Box Number is Not Acceptable)         83       84       City       FL       85       Zip Code         84       City       FL       61       City       FL       62       Zip Code         84       City       FL       62       Zip Code       FL       62       Zip Code         85       Status       Header Corporation submits this statement for the purpose of charging its registered signet Tarmal analysis of the cooptities of the collegistories of Status       Header Corporation submits the statement for the purpose of charging its registered signet Tarmal analysis of the cooptities of the collegistories of Status       Header Corporation submits the statement for the purpose of the collegistories of Status       Header Corporation submits the statement for the purpose of the collegistories of Status         101       Colleen, John Area       Status       Header Corporation Status       Differences Status         102       Colleen, John Area       Differences Status       Header Status       Differences Status         103       Colleen, John Area       Differences Status       Interes       Differences Status         104       Colleen, John Area       Differences Status       Interes       Differences Status         104       Collee	Zip	25	try Z 29		—	8. This corporation has liability for	intangible tax under s. 199.032,
S64 STH AVENUE MARCO ISLAND FL 33937       Implementation of the state of the provision of Sectors 607 0507 and 607 1908. Florids Statutes, the above handle of provision store is not Acceptable)         11. Furshame to the provisions of Sectors 607 0507 and 607 1908. Florids Statutes, the above handle of provision store is not handling in registered apoint. Lent landle with, and accept the obligations of. Sectors 607 0505, Florids Statutes, the above handle of directors. Thereby accept the appointment as registered apoint. Lent landle with, and accept the obligations of. Sectors 607 0505, Florids Statutes, the above handle of directors. Thereby accept the appointment as registered apoint. Lent landle with, and accept the obligations of. Sectors 607 0505, Florids Statutes, the above handle of directors. Thereby accept the appointment as registered apoint. Lent landle with, and accept the obligations of. Sectors 607 0505, Florids Statutes, the above handle of directors. Thereby accept the appointment as registered apoint. Lent landle with, and accept the obligations of. Sectors 607 0505, Florids Statutes, the above handle of directors. Thereby accept the appointment as registered apoint. Lent landle with and accept the obligations of apoints may feat when directors the apoint method of directors. Thereby accept the apoint method accept the apoint feat tables.         12.       O GLDEN, JOHN       DIFCTER AND DIFECTORS AND DIFECTORS IN 12       Differ tables         13.       ADDITIONS(CHANGES TO OFFICERS AND DIFECTORS IN 12       Differ tables         14.       O GLDEN, JOHN       2 Inthe Cloange       Addition	COC		ress of Current Register	ed Agent	81 Name	10. Name and Address of New R	egistered Agent
	564 5TH AVENUE					ress (P.O. Box Number is Not Accepta	ble)
H. Fundament 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 grant, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered grant. The State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered grant. The State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered grant. The State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered grant. The State of Florida. Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered grant. The State of Florida. State of Flori	i Mat	icu islanu fl 3393	3/		83		
11. Providence of Sections 607 (507) End 607 (508, Florida Statules, the above harmed corporation submits this statement for the purcess of changing is registered end, with, and accept the obligations of Section 607 (505, Florida Statutes.)         SIGMATURE       Signature of the obligations of Section 607 (506, Florida Statutes.)         SIGMATURE       Description of providence of the obligations of Section 607 (505, Florida Statutes.)         SIGMATURE       Description of providence of the obligations of Section 607 (505, Florida Statutes.)         SIGMATURE       Description of providence of the obligations of Section 607 (505, Florida Statutes.)         SIGMATURE       OFFICERS AND DIRECTORS IN 12         11. This       DIRECTORS IN 12         12.       OFFICERS AND DIRECTORS IN 12         13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         14.       P         GOLDEN, JOHN       DELETE         13.       Statutes.         DBBS FERRY NY 10522       13.         14.       Obligs         14.       DELETE         23.       Statutes.         24.       24.         14.       DELETE         15.       23.         16.       13.         16.       13.         16.       14.         16.       13. <tr< td=""><td></td><td></td><td></td><td></td><td>64 City</td><td></td><td>El 85 Zip Code</td></tr<>					64 City		El 85 Zip Code
SIGNATUHE         12       DATE         12       OFFICERS AND DIFFECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         1111       P       COFFICERS AND DIFFECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         1111       P       OFFICERS AND DIFFECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         1111       P       OFFICERS AND DIFFECTORS       13. ADDITIONS/CHANGES TO OFFICERS AND DIFECTORS IN 12         1111       P       OFFICERS AND DIFFECTORS       13. Mathematication of the colspan="2">Addition         1111       P       OFFICERS AND DIFFECTORS       13. Mathematication of the colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan="2">Colspan= 2         1111       P       OFFICERS AND DIFFECTORS       13. Mathematication of the colspan="2">Colspan= 2         1111       OBBS FERRY NY 10522       Colspan= 2         Colspan=	11. Pursuant office or	t to the provisions of Se registered agent, or bo	ctions 607.0502 and 607. th, in the State of Florida.	1508, Florida Statute Such change was a	s, the above-named corr uthorized by the corpora	poration submits this statement for the tion's board of directors. I hereby acce	
12.       OFFICERS AND DIRECTORS       13.       ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12         INU       DELETE       1.1 TITLE       Change       Addition         IAM       SIRIT AUGRESS       1.3 EMBET ADDRESS       Change       Addition         INU       DELETE       1.1 TITLE       Change       Addition         INU       BIT AUGRESS       1.3 EMBET ADDRESS       Change       Addition         INU       DELETE       2.1 TITLE       Change       Addition         INU       DELETE       3.1 TITLE       Change       Addition         INU       SIRET ADDRESS       3.3 STRET ADDRESS       Change       Addition <td>1</td> <td>am tamiliar with, and ac</td> <td>cept the obligations of, S</td> <td>iection 607.0505, Flo</td> <td>rida Statutes.</td> <td></td> <td></td>	1	am tamiliar with, and ac	cept the obligations of, S	iection 607.0505, Flo	rida Statutes.		
cHr-SL 2P       DOBBS FERRY NY 10522       14 DTY-SL 2P         Intri       DELETE       21 TITLE       Change       Addition         NAME       22 NAME       STREET ADDRESS	12.					· · · · · · · · · · · · · · · · · · ·	
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IVTF       DELETE       21 TITLE       Change       Addition         NAM       22 NAME       23 STREET ADDRESS       Change       Addition         OT-S1-ZP       24 GITV-S1-ZP       Change       Addition         NMF       23 STREET ADDRESS       Change       Addition         NMF       33 STREET ADDRESS       Change       Addition         NMF       34 CITV-S1-ZP       Change       Addition         NMF       34 CITV-S1-ZP       Change       Addition         NMF       44 CITV-S1-ZP       Change       Addition         NMF       53 STREET ADDRESS       Change       Addition         NMF       53 STREET ADDRESS       Change       Addition         NMF       STAP       STREET ADDRESS       Change       Addition         NMF       STREET ADDRESS       STREET ADDRESS       Change       Addition         STREET ADDRESS       STREET ADDRESS       STREET ADDRES			Æ.				
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Intr       DELETE       31 TTLE       Change       Addition         N3/F       32 NAME       32 NAME       32 NAME         Strift ADDRESS       33 STREET ADDRESS       33 STREET ADDRESS         CITY_S1_7P       34 CITY_S1_2P       Change       Addition         INFF       DELETE       4.1 TITLE       Change       Addition         NAME       4.2 NAME       4.2 NAME       Addition       Addition         NAME       4.2 STREET ADDRESS       4.3 STREET ADDRESS       Addition       Addition         SINET ADDRESS       4.3 STREET ADDRESS       4.4 CITY_ST_2IP       Change       Addition         NAME       SINET ADDRESS       5.3 STREET ADDRESS       City S1_2P       Change       Addition         NAME       SINET ADDRESS       S3 STREET ADDRESS       S3 STREET ADDRESS       City S1_2P       Change       Addition         NAME       SI ACITY_S1_2P       SA CITY_S1_2P       Change       Addition       Change       Addition         NAME       SI ACITY_S1_2P       SA CITY_S1_2P       Change       Addition         NAME       SI ACITY_S1_2P       SA CITY_S1_2P       Change       Addition         NAME       SI ACITY_S1_2P       SA CITY_S1_2P       Change       Ad	STREET ADORESS				2.3 STREET ADDRESS	:	
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OIT: SI - ZP       34_OITY-SI-ZP         Title       DELETE         HAME       4 2 NAME         SIREEL ADDRESS       43 STREET ADDRESS         OT*: SI - ZP       44 CITY-SI-ZP         TITLE       Change         Addition         NAME         SIREEL ADDRESS         OT*: SI - ZP         TITLE         OLETE         SIREEL ADDRESS         OT*: SI - ZP         TITLE         DELETE         SIREEL ADDRESS         OT*: SI - ZP         TITLE         Addition         NAME         SIREEL ADDRESS         OT*: SI - ZP         TITLE         SIREEL ADDRESS         SIREEL ADDRESS         SIREEL ADDRESS         SIREEL ADDRESS         SIREEL ADDRESS         SIREEL ADDRESS </td <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td>							
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CITY_SI_2/4       44 CITY_SI_ZIP         INLE       Intellet         NAMF       52 NAME         STREET ADDRESS       53 STREET ADDRESS         CITY_SI_ZIP       54 CITY_SI_ZIP         INLE       Intellet         INLE       Intellet         INLE       Intellet         STREET ADDRESS       53 STREET ADDRESS         CITY_SI_ZIP       54 CITY_SI_ZIP         INLE       Intellet         INTEL       Intellet         INTEL       Intellet         INTEL       Intellet         INTEL       Intellet         STREET ADDRESS       CITY_SI_ZIP         INTEL       Intellet         INTEL       Intellet         INTEL       Intellet         INTEL       Intellet         INTEL       Intellet         Intellet       Intellet         Intelet       Intellet							
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STREET ADDRESS       53 STREET ADDRESS         CLTY_ST_ZIP       54 CITY-ST-ZIP         INTE       DELETE         NAME       61 TITLE         STREET ADDRESS       63 STREET ADDRESS         CITY_ST_ZIP       61 TITLE         NAME       63 STREET ADDRESS         CITY_ST_ZIP       63 STREET ADDRESS         CITY_ST_ZIP       63 STREET ADDRESS         CITY_ST_ZIP       64 CITY_ST_ZIP         14. I do horeby 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 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 12 or Block 12 or on an attachment with an address.			······	DELETE		<u> </u>	Change Addition
CITY-SI-ZIP       54 CITY-SI-ZIP         Inite       DELETE         NAME       61 TITLE         NAME       62 NAME         STREET ADDRESS       63 STREET ADDRESS         CITY-SI-ZIP       64 CITY-SI-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 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 12 or Block 12 or on an attachment with an address.							
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EITY-ST-ZIP     E4 CITY-ST-ZIP     E54 CITY-ST-ZIP		1			1		
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 example, or on an attachment with an address.	CHTY-ST-ZIP	}			6.4 CITY - ST- ZIP		
Lan 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.	Införrnati	on indicated on this and	hual report or supplement	tal annual report is tri	for the exemption stated	t my signature shall have the same leg	al effect as if made under oath that i
SIGNATURE: TAXI) (ALLE) DE QUILLED 7/28/47	Lam an c	officer or director of the	corporation or the receiv	er or trustee empowe	ered to execute this repo	rt as required by Chapter 607, Florida	Statutes; and that my name
A REAL PROPERTY AND A CONTRACT OF A CONTRACT OF A REAL PROPERTY OF	SIGNAT		ton) (no	b JAL QI		7/28/97	