APPROVED
AND
FILED

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1997 JUL 30 PM 2: 10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**PROFIT
CORPORATION
ANNUAL REPORT
1997**

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

DOCUMENT # P96000024206 (0)
1. Corporation Name

BACK BAY CASUAL, INC.

Principal Place of Business	Mailing Address
2717 SEVILLE BLVD. APT. 15304 CLEARWATER FL 34624	2717 SEVILLE BLVD. APT. 15304 CLEARWATER FL 34624

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified	3a. Date of Last Report
03/18/1996	

2. Principal Place of Business	2a. Mailing Address
21 *180 West Westfield Ave*	26 *180 West Westfield Ave*
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 *Roselle Park N-J*	City & State 28 *Roselle Park N-J*
Zip 24 *07204*	Country 25	Zip 29 *07204*	Country 30

4. FEI Number	Applied For
59-3365850	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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☒ No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
TZEZAIRLIDIS, JOHN 2717 SEVILLE BLVD. APT. 15304 CLEARWATER FL 34624	81 Name *John Tzezairlidis* 82 Street Address (P.O. Box Number is Not Acceptable) *4716 Oakeller St* 83 84 City *Tampa* FL 85 Zip Code *33611*

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 reinstating)   DATE

12.	OFFICERS AND DIRECTORS		13.	ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D	☐ DELETE	1.1 TITLE *Director*	☒ Change ☐ Addition
NAME	TZEZAIRLIDIS, JOHN		1.2 NAME *Tzezairlidis, John* *Tzezaylidis, John*	
STREET ADDRESS	2717 SEVILLE BLVD., APT. 15304		1.3 STREET ADDRESS *180 West Westfield Ave* *4716 Oakellar St*	
CITY-ST-ZIP	CLEARWATER FL 34624		1.4 CITY-ST-ZIP *Roselle Park N-J 07204 Tampa FLA 33611*	
TITLE		☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME			2.2 NAME	
STREET ADDRESS			2.3 STREET ADDRESS	
CITY-ST-ZIP			2.4 CITY-ST-ZIP	
TITLE		☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME			3.2 NAME	
STREET ADDRESS			3.3 STREET ADDRESS	
CITY-ST-ZIP			3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

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****165.00 ☐****165.00

7/30/97

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: _____

CR2E034 (4/97)

BACK BAY CASUAL INC

59 3365850

TAXPAYER NEVER RECEIVED PREVIOUS NOTICE

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