FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 **FILED PROFIT** FLORIDA DEPARTMENT OF STATE May 01 1997 8:00am CORPORATION annual report Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT #** Lai'd Back Unlimited, InC. Principal Place of Business 180 Anita St. Mailing Address P.O. Box 1030 De Leon Springs Fl 32180 Deland, FL 32724 3. Date Incorporated or Qualified 3a. Date of Last Report Non.Filed 2. Princ pa' Place of Business 2a. Mailing Address Applied For 26 21 Not Applicable Suite, Apt #_ctc Suite. Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 28 Trust Fund Contribution 23 Added to Fees Country This corporation has liability for intangible tax under s. 199 032, Florida Statutes Yes No 29 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Frances C. MURRA) 180, Anita St. Name Street Address (P.O. Box Nurpoenis Not Acceptable) Deland, FL 32724 83 City 11. Fursuant 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 lamiltar with land accept the diligational proction 607 0505, Florida Statutes. SIGNATURE a or printed name of registered agent and little if applicate (NOTE: Registered Agent signature required when reinstaling) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change 11 TOTALE 1011 BURGES JAMOS E 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP DELETE 21 TITLE Change Addition THE 2.2 NAME LAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP C-1Y - ST - 739 DELETE 3 1 TITLE Change Addition DIL.E TOURGESS, SAMES E. 3.2 NAME **33 STREET ADDRESS** 3 4. CITY - \$1 - ZIP DEM ST DELETE Change Addition 101.1 4 1 TITLE 4 2 NAME MANA 4.3 STREET ADDRESS STREET ARCHESIS 4.4 CITY - ST - ZiP DELETE Change Addition 5.1 TITLE TIT. F 4404 5.2 NAME STREET ALLESS 5.3 STREET ADDRESS Ollr S DELETE 400002169954 Addition 61 TITLE III. E NAMi -05/07/97--01093--040 **63 STREET ADDRESS** STEEL LABLE : 14. Low 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 exemption stated 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 Lam 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.

NED NAME OF SIGNING OFFICER OR DIRECTOR