PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State
DIVISION OF CORPORATIONS

BACK TO BASICS, INC.

## FILED Jul 14, 1999 8:00 am Secretary of State

07-14-1999 90013 045 \*\*\*150.00



|  | of Business   |                     | Mailing Address            |  |  |  |   |                            |                 |                       |                    |
|--|---|---------------------|----------------------------|--|--|--|---|----------------------------|-----------------|-----------------------|--------------------|
| 32804 MASSAC   | CHUSETTS AVE.   |                     | P.O. BOX 173               |  |  |  |   |                            |                 |                       |                    |
| SAN ANTONIO  | FL 33576  |                     | SAN ANTONIO FL 33576       |  |  |  | DO NOT WRITE  | INI THIS S                 | PACE            | :                     |                    |
|  |   |                     |                            |  |  |  | 3. Date Incorporated or Qualified   | - 114 111110 0             |                 |                       |                    |
|  |   |                     |                            |  |  |  | 01/20/1998  |                            |                 |                       |                    |
|  |   |                     | B - Moiling Addroop        |  |  |  | 4 FEI Number  | <del></del>                |                 | Appl                  | ied For            |
|  | lace of Business                                      | <b>⊢</b>            | 2a. Mailing Address        |  |  | 59-3493594   |   |                            | +               | Applicable            |                    |
| 21   |   | 2                   | Suite, Apt. #, etc.        | <del></del>  |  |  | 101011-1  | $\overline{}$              | \$8             |                       | ditional           |
| Suite, Apt.  | #, etc.   | -                   | <del>-</del> 7             |  |  |  | 5. Certificate of Status Desired  |                            |                 |                       | uired              |
| 22   |   | 2                   | City & State               |  |  |  | 6. Election Campaign Financing  |                            |                 | .00 м                 |                    |
| City & State   | 8   | \ <u>-</u>          | ¬ ˙                        |  |  |  | Trust Fund Contribution   |                            |                 | ded to                | ,                  |
| 23   | Countr  | 2                   | Zip                        | Cou  | ntrv   |  | 8. This corporation owes the curren   | nt vear                    |                 |                       |                    |
| Zip  |   | 2                   | ¬ ·                        | 30   |  |  | Intangible Personal Property.   | "," IX                     | -Yes            | 1                     | No                 |
| 24   | 25<br>9. Name and Addre                               |                     |                            | 1301   | Ι  |  | 10. Name and Address of New Re  | gistered A                 | gent            |                       |                    |
|  | g, Name and Addre                                     | S OI CUITEIL NO     | Jisterou Agent             |  | 81   | Name   |   | · <del></del>              |                 |                       |                    |
| MURPHY, DAVID J  |   |                     |                            |  | Ш  |  |   |                            |                 |                       |                    |
| 14217 3RD. STREET  |   |                     | 82 Street Add              |  |  | Street Addre   | dress (P.O. Box Number is Not Acceptable)   |                            |                 |                       |                    |
|  | DE CITY FL 33523                                      |                     |                            |  | 83   |  |   |                            |                 |                       |                    |
|  | )L 0111 1 L 00020                                     |                     |                            |  | "  |  |   |                            |                 |                       |                    |
|  |   |                     |                            |  | 84   | City   |   | FL                         | 85              | Zip Co                | ode                |
|  |   |                     |                            |  |  |  |   |                            | ــلـِــلــ      | <del></del>           |                    |
| 11. Pursuant   | to the provisions of sec                              | tions 607.0502 and  | l 607.1508, Florida Statut | es, the ab   | d by   | named corporation                                      | ation submits this statement for the pur<br>on's board of directors. I hereby accept    | pose of cha<br>the appoint | nging<br>ment a | its regi:<br>as regi: | sterea<br>stered   |
| office of agent. I a   | registered agent, or both<br>am familiar with, and ac | cept the obligation | s of, section 607.0505, FI | lorida Stat  | tutes.   |  |   |                            |                 | •                     |                    |
| SIGNATURE  |   |                     |                            |  |  |  |   |                            |                 |                       |                    |
| SIGNATURE  | Signature, typed or printed name                      |                     |                            | IOTE: Registe  | ered Ag  | ent signature requ                                     | red when reinstating)   | DATE                       |                 |                       |                    |
| 12.  |   | FFICERS AND D       | RECTORS                    | 13.  |  |  | ADDITIONS/CHANGES TO OFFI   | CERS AND                   |                 |                       |                    |
| TITLE  | PRESIDENT   |                     | DELETE                     | 1.1 TF   | TLE  |  |   | L                          | Cha             | nge L                 | Addition           |
| NAME   | PATRICK HOL   | CER                 | Auc                        | 1.2 N/   | AME  | }  |   |                            |                 |                       |                    |
| STREET ADDRESS   | 32804 MASS  | A CHUS 6973         | Mre                        | 1.3 87   | REET   | ADDRESS  |   |                            |                 |                       |                    |
| CITY-ST-ZIP  | PATRICK HOL<br>32804 MASS<br>SAN ANTON                | o FL 33             | 3576                       | 1.4 CI   | TY-ST-   | ZIP  |   |                            |                 |                       |                    |
| TITLE  |   |                     | DELETE                     | 2.1 TJ   | TLE  |  |   | ſ                          | Cha             | inge L                | Addition           |
| NAME   |   |                     |                            |  |  |  |   | L                          |                 | -                     |                    |
|  |   |                     |                            | 2.2 NJ   | AME  | Ì  |   | L.                         | ) U:la          | -                     |                    |
| I STREET ADDRESS   |   |                     |                            |  |  | ADDRESS  |   | L.                         | "J Cila         |                       |                    |
| STREET ADDRESS   |   |                     |                            | 2.3 ST   |  | 4  |   | <u></u>                    | , Cila          |                       |                    |
| CITY-ST-ZIP  |   |                     | DELETE                     | 2.3 ST   | TREET  | 4  |   |                            |                 | inge [                | Addition           |
| CITY-ST-ZIP<br>TITLE   |   |                     | DELETE                     | 2.3 ST<br>2.4 CI   | TREET  | 4  |   |                            |                 | inge [                | Addition           |
| CITY-ST-ZIP TITLE NAME   |   |                     | DELETE                     | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 N/   | TREET AME  | 4  |   | Ī                          |                 | inge [                | Addition           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS  |   |                     | DELETE                     | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 N/<br>3.3 ST   | TREET AME  | ZIP  |   | Ĺ                          |                 | inge [                | Addition           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                     |                            | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 N/<br>3.3 ST   | TREET. TLE AME TREET.  | ZIP  |   |                            | Cha             | ange [                | Addition           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   |                     | DELETE                     | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 NF<br>3.3 ST<br>3.4 CI<br>4.1 TI   | TREET, TLE AME TREET, TY-ST- TLE   | ZIP  |   | Ē                          | Cha             |                       |                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |   |                     |                            | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 N/   | TREET. TLE AME TREET. ITY-ST- TLE AME  | ADDRESS -ZIP   |   | Ē                          | Cha             |                       |                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |   |                     |                            | 2.3 ST<br>2.4 Cl<br>3.1 TF<br>3.2 N/<br>3.3 ST<br>3.4 Cl<br>4.1 TI<br>4.2 N/<br>4.3 ST   | TREET. TLE AME TREET. TLE TLE AME  | ADDRESS ADDRESS  |   |                            | Cha             |                       |                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP  |   |                     | DELETE                     | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 N/<br>4.3 ST<br>4.4 CI   | TREET, TLE AME TREET, TLE AME TLE AME  | ADDRESS ADDRESS  |   |                            | Cha             | ange [                | Addition           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   |                     |                            | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TT<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TI   | TREET, TLE AME TREET, TLE AME TREET TLE TREET  | ADDRESS ADDRESS  |   |                            | Cha             | ange [                |                    |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME   |   |                     | DELETE                     | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 N/   | TREET, TLE THE TREET, TLE TREET, TLE TREET TLE TREET   | ADDRESS ADDRESS ADDRESS -ZIP                           |   |                            | Cha             | ange [                | Addition           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE  |   |                     | DELETE                     | 2.3 ST<br>2.4 CI<br>3.1 T/<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 N/<br>5.3 ST   | TREET. TTLE TAME TREET. TTLE TTLE TTLE TTLE TTLE TTLE TTLE   | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS                |   |                            | Cha             | ange [                | Addition           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE PROPERTY ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP |   |                     | DELETE DELETE              | 2.3 ST<br>2.4 CI<br>3.1 TF<br>3.2 NV<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 NV<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 NV<br>5.3 ST<br>5.4 CI   | TREET, TTLE TAME TREET, TTLE TAME TREET TTLE TTLE TTLE TTLE TTLE TTLE TT   | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS                |   |                            | Cha             | ange [                | Addition Addition  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS  |   |                     | DELETE                     | 2.3 ST<br>2.4 CI<br>3.1 T/<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 N/<br>5.3 ST<br>5.4 CI<br>6.1 TI                               | TREET, TLE AME TREET, TLE AME TREET TLE AME TREET TTLE TTLE TTLE TTLE TTLE TTLE TT   | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS                |   |                            | Cha             | ange [                | Addition           |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP CONTROL OF THE PROPERTY ADDRESS CITY-ST-ZIP STREET ADDRESS CITY-ST-ZIP |   |                     | DELETE DELETE              | 2.3 ST<br>2.4 CI<br>3.1 T/<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 N/<br>5.3 ST<br>5.4 CI<br>6.1 TI<br>6.2 N/                     | TREET, TLE AME TREET, TLE AME TREET TLE AME TREET TILE AME  | ADDRESS ADDRESS ADDRESS ADDRESS -ZIP ADDRESS           |   |                            | Cha             | ange [                | Addition Addition  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE STREET ADDRESS CITY-ST-ZIP TITLE                                 |   |                     | DELETE DELETE              | 2.3 ST<br>2.4 CI<br>3.1 T/<br>3.2 N/<br>3.3 ST<br>3.4 CI<br>4.1 TI<br>4.2 N/<br>4.3 ST<br>4.4 CI<br>5.1 TI<br>5.2 N/<br>5.3 ST<br>5.4 CI<br>6.1 TI<br>6.2 N/                     | TREET, TLE AME TREET, TLE AME TREET TLE AME TREET TILE AME  | ADDRESS ADDRESS ADDRESS ADDRESS ADDRESS                |   |                            | Cha             | ange [                | Addition Addition  |
| CITY-ST-ZIP TITLE NAME STREET ADDRESS        |   |                     | DELETE DELETE              | 2.3 ST<br>2.4 CI<br>3.1 TY<br>3.2 NV<br>3.3 ST<br>3.4 CI<br>4.1 TT<br>4.2 NV<br>4.3 ST<br>4.4 CI<br>5.1 TT<br>5.2 NV<br>5.3 ST<br>5.4 CI<br>6.1 TT<br>6.2 NV<br>6.3 ST<br>6.4 CI | ITY-ST- TLE AME ITY-ST- TLE AME ITY-ST- TLE AME ITY-ST- TLE ITY-ST- TLE AME ITY-ST- TLE AME ITY-ST- ITLE AME ITY-ST- ITLE ITY-ST- ITLE ITY-ST- ITLE ITY-ST- ITLE ITY-ST- ITTY- | ADDRESS ADDRESS ADDRESS -ZIP ADDRESS -ZIP ADDRESS -ZIP | tion 119.07(3)(i), Florida Statutes. I furt<br>shall have the same legal effect as if n | Г                          | Cha             | ange [                | Addition  Addition |

. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in section 119.07(3)(I), Florida Statutes. 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 officerous or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appear in Block 12 or Block 13 if changed of on an attachment with an address.

SIGNATURE:

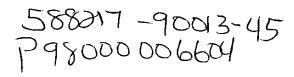
VATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

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July 7, 1999

Annual Reports Filings Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

To Whom It May Concern:

I am writing to apologize for the lateness of the filing of this 1999 Profit Corporation Report for my business, Back to Basics, Inc. It is a small company that has been in business for just over a year. I am still trying to find my way through all the paperwork and procedures associated with running a corporation.

I do not remember receiving the original notice so when the second notice arrived in my mailbox yesterday, I started to panic. It intensified when I saw the additional \$400.00 filing charge. That is a cost my company can not afford to pay out at this point in time so I am asking if it could please be waived. I promise this report or any other I have to file with the state will not be late in the future.

Again, I offer my sincerest apologies and hope that a waiver of the late charge is possible.

Thank you.

Sincerely yours,

BACK TO BASICS, INC.

Patrick Holcer

President