


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

FILED
May 01 1998 8:00am
Secretary of State

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| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|--|

DOCUMENT # S36201 (9)

1. Corporation Name
BACK ON COURSE, INC.



| | |
|--|--|
| Principal Place of Business P. O. BOX 380423 MIAMI FL 33238-0423 US | Mailing Address P. O. BOX 380423 MIAMI FL 33238-0423 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------|------------------------|------------|--|---|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified 03/04/1991 | |
| 21 Suite, Apt. #, etc. | 26 | 27 Suite, Apt. #, etc. | 28 | 4. FEI Number 65-0268675 | Applied For <input checked="" type="checkbox"/> Not Applicable |
| 22 City & State | 27 | 28 City & State | 29 | 5. Certificate of Status Desired <input checked="" type="checkbox"/> | \$8.75 Additional Fee Required |
| 23 Zip | 25 Country | 29 Zip | 30 Country | 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> | \$5.00 May Be Added to Fees |
| 7. Name and Address of Current Registered Agent | | | | 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |

TYLER, MARTIN
3421 S.W. 147TH AVE
SRATFORD ESTATES & WINDSOR PALMS
MIRAMAR FL 33027

10. Name and Address of New Registered Agent

| | |
|---|-------------|
| 81 Name | 85 Zip Code |
| 82 Street Address (P.O. Box Number is Not Acceptable) | |
| 83 | |
| 84 City | FL |

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 | S | DELEVEAUX, LORRAINE K | <input type="checkbox"/> DELETE | 11 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 1241 NW 112TH TERR. | | | 12 NAME | | | |
| STREET ADDRESS | MIAMI FL | | | 13 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 14 CITY-ST-ZIP | | | |
| TITLE | V | ALLS, MARY R | <input type="checkbox"/> DELETE | 21 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 1825 N.W. 189TH TERR | | | 22 NAME | | | |
| STREET ADDRESS | MIAMI FL | | | 23 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 24 CITY-ST-ZIP | | | |
| TITLE | T | TYLER, MARTIN | <input type="checkbox"/> DELETE | 31 TITLE | <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 3421 SW 147th AVENUE | | | 32 NAME | 3421 SW 147th AVENUE | | |
| STREET ADDRESS | MIAMI FL | | | 33 STREET ADDRESS | MIRAMAR, FL. 33027 | | |
| CITY-ST-ZIP | | | | 34 CITY-ST-ZIP | | | |
| TITLE | D | CULMER, DONALD | <input type="checkbox"/> DELETE | 41 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 2235 N.W. 170TH TERR | | | 42 NAME | | | |
| STREET ADDRESS | MIAMI FL | | | 43 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 44 CITY-ST-ZIP | | | |
| TITLE | P | DANIELS, SAM | <input type="checkbox"/> DELETE | 51 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | 1729 N.W. 92ND ST. | | | 52 NAME | | | |
| STREET ADDRESS | MIAMI FL | | | 53 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 54 CITY-ST-ZIP | | | |
| TITLE | | | <input type="checkbox"/> DELETE | 61 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition | | |
| NAME | | | | 62 NAME | | | |
| STREET ADDRESS | | | | 63 STREET ADDRESS | | | |
| CITY-ST-ZIP | | | | 64 CITY-ST-ZIP | | | |

14. 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. 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: *Martin Tyler* MARTIN TYLER TREASURER APRIL 04, 1998 (954) 704-1010

CR2E034 (10/97)