

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

PROFIT
CORPORATION
ANNUAL REPORT
1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

FILED
Apr 26, 1999 8:00 am
Secretary of State

04-26-1999 90112 049 ***158.75

DOCUMENT # S36201

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

3. Date Incorporated or Qualified

03/04/1991

4. FEI Number

65-0268675

Applied For
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 the current year intangible
Personal Property Tax. ☐ Yes ☒ No

2. Principal Place of Business

21 Suite, Apt. #, etc.

23 City & State

24 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

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

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

85 Zip Code

11. Pursuant to the provisions of Sections 607.0501 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

TITLE ☐ DELETE

NAME **S**
DELEVEAUX, LORRAINE K
STREET ADDRESS **1241 NW 112TH TERR.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **V**
ALLS, MARY R
STREET ADDRESS **1825 N.W. 189TH TERR**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **T**
TYLER, MARTIN
STREET ADDRESS **3421 SW 147TH AVENUE**
CITY-STATE-ZIP **MIRAMAR FL 33027**

TITLE ☐ DELETE

NAME **D**
CULMER, DONALD
STREET ADDRESS **2235 N.W. 170TH TERR**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME **P**
DANIELS, SAM
STREET ADDRESS **1729 N.W. 92ND ST.**
CITY-STATE-ZIP **MIAMI FL**

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-STATE-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-STATE-ZIP

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-STATE-ZIP

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-STATE-ZIP

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-STATE-ZIP

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-STATE-ZIP

6.1 TITLE ☐ Change ☐ Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-STATE-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 2 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Martin Tyler
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

Martin Tyler, Treasurer 4/22/99 (954) 704-1010

CR2E034 (11/98)

0276983