

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

CORPORATION
ANNUAL REPORT
1995



FLORIDA DEPARTMENT OF STATE
Kathleen B. Murtha
Secretary of State
TALLAHASSEE, FLORIDA 32304

APPROVED
AND
FILED

95 MAY 10 11:10:35

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **456634** (5)
EMPIRE BODY SHOP, INC.

DO NOT WRITE IN THIS SPACE

1. Principal Place of Business 1302 15TH STREET TAMPA FLORIDA 33605-5040		2a. Mailing Address 1302 15TH STREET TAMPA FLORIDA 33605-5040		3. Date incorporated or classified 07/09/1974	3a. Date of Last Report 04/19/1994
21. State Apt. # etc.	26. State Apt. # etc.	4. FEI Number 59-1572237		Applied For Not Applicable	
22. City & State	27. City & State	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
23. Zip	28. Zip	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
24. State	29. State	7. This corporation has liability for intangible tax under § 199.014 Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent COMPARETTO, BOBBY RAY 2608 ASTURIAS PL. TAMPA FLORIDA 33619				10. Name and Address of New Registered Agent	
81. Name					
82. Street Address (P.O. Box Number is Not Acceptable)					
83.					
84. City				85. Zip Code	FL

11. Pursuant to the provisions of Sections 607.01 and 607.02, 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 licensed with and in good standing in the State of Florida.

SIGNATURE: _____

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS IN 1995	
1. NAME PD COMPARETTO, BOBBY RAY	2. STREET ADDRESS 2608 ASTURIAS PL.	3. CITY TAMPA	4. ZIP CODE 33619
5. NAME	6. STREET ADDRESS	7. CITY	8. ZIP CODE
9. NAME	10. STREET ADDRESS	11. CITY	12. ZIP CODE
13. NAME	14. STREET ADDRESS	15. CITY	16. ZIP CODE
17. NAME	18. STREET ADDRESS	19. CITY	20. ZIP CODE
21. NAME	22. STREET ADDRESS	23. CITY	24. ZIP CODE
25. NAME	26. STREET ADDRESS	27. CITY	28. ZIP CODE
29. NAME	30. STREET ADDRESS	31. CITY	32. ZIP CODE

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 199.01(3)(b), Florida Statutes. I further certify that the information included 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 by the state to file this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, of this Form 1995, prepared by an officer or director of the corporation.

SIGNATURE: *Bobby Ray Compartment* 5-5-95 813 2482740
SIGNATURE AND TYPE OR PRINT NAME OF SIGNING OFFICER OR DIRECTOR