


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

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FILED
Mar 10, 1999 8:00 am
Secretary of State

03-10-1999 90118 044 ***150.00

PROFIT CORPORATION ANNUAL REPORT 1999		FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # G43998

1. Corporation Name
GREAT SHAPES, THE BODY BOUTIQUE, INC.



Principal Place of Business C/O GREAT SHAPES 1553-C SUNSET ROAD CORAL GABLES FL 33143 US	Mailing Address 6745 SW 53ST 1553-C SUN SET ROAD MIAMI FL 33155 US
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <u>6745 SW 53 STREET</u>	2a. Mailing Address 26 <u>6745 SW 53 STREET</u>	3. Date Incorporated or Qualified 06/16/1983	4. FEI Number NOT APPLICABLE <u>65-0128444</u>	Applied For Not Applicable
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.	5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required	
23 City & State <u>MIAMI, FLA</u>	28 City & State <u>MIAMI, FLA</u>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees	
24 Zip <u>33155</u>	25 Country <u>USA</u>	29 Zip <u>33155</u>	30 Country <u>USA</u>	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

ROMEO, RAYMOND W
67A5 SW 53 ST
MIAMI FL 33155

10. Name and Address of New Registered Agent

81 Name	
82 Street Address (P.O. Box Numbers Not Acceptable)	<u>6745</u>
83	
84 City	<u>FL</u>
85 Zip Code	

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: Raymond W. Romeo Pres DATE: 3-1-99

Signature, typed or printed name of registered agent, and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PRES	<input type="checkbox"/> DELETE
NAME	ROMEO, RAYMOND W	
STREET ADDRESS	6745 SW 53ST	
CITY-ST-ZIP	MIAMI FL 33155	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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 with all other like empowered.

SIGNATURE: Raymond W. Romeo Date: 3/1/99 Daytime Phone #: 305-663-2349

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (1/198)