

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

**CORPORATION  
ANNUAL REPORT  
1995**



FLORIDA DEPARTMENT OF STATE  
Sandra B. Morham  
Secretary of State  
DIVISION OF CORPORATIONS

**APPROVED  
AND  
FILED**  
**95 APR 26 AM 10:47**  
**SECRETARY OF STATE  
TALLAHASSEE, FLORIDA**

**DOCUMENT # K29132 (3)**

1. Corporation Name  
**CRYSTAL RIVER BODY WORKS, INC.**

Principal Place of Business Mailing Address  
**410 GABRIELA SCHWABE  
790 SE 5TH TERRACE  
CRYSTAL RIVER FL 32629**

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified **07/13/1988** 3a. Date of Last Report **05/20/1994**

21. Principal Place of Business <b>780 6E 5TH TERRACE</b>	2a. Mailing Address <b>790 SE 5TH TERRACE</b>	4. FEI Number <b>59-2698291</b>	Applied For <input type="checkbox"/>
22. Suite, Apt. #, etc. <b>410 Rebecca Weisenburger</b>	27. Suite, Apt. #, etc. <b>410 Rebello Weisenburger</b>	5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
23. City & State <b>CRYSTAL RIVER, FL</b>	28. City & State <b>CRYSTAL RIVER, FL</b>	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
24. Zip <b>34429</b>	25. Country	29. Zip <b>34429</b>	30. Country

8. Name and Address of Current Registered Agent <b>WIESENBURGER, REBECCA 790 SE 5TH TERRACE CRYSTAL RIVER FL 32629</b>		10. Name and Address of New Registered Agent	
81. Name			
82. Street Address (P.O. Box Number is Not Acceptable)			
83.			
84. City	<b>FL</b>	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 \_\_\_\_\_ DATE \_\_\_\_\_  
Signature typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>P</b>	<b>WEISENBURGER, REBECCA</b>	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		1.2 NAME	
STREET ADDRESS <b>790 SE 5TH TER</b>		1.3 STREET ADDRESS	
CITY - ST - ZIP <b>CRYSTAL RIVER FL</b>		1.4 CITY - ST - ZIP	
TITLE <b>ST</b>	<b>WEISENBURGER, REBECCA</b>	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS <b>790 SE 5TH TERRACE</b>		2.3 STREET ADDRESS	
CITY - ST - ZIP <b>CRYSTAL RIVE FL</b>		2.4 CITY - ST - ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY - ST - ZIP		3.4 CITY - ST - ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY - ST - ZIP		4.4 CITY - ST - ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY - ST - ZIP		5.4 CITY - ST - ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY - ST - ZIP		6.4 CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 110.07(3)(k), 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: Rebecca Weisenburger 4-20-95 (904) 795-0011  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #