Apr 08, 1999 8:00 am Secretary of State

04-08-1999 90054 050 ***150.00

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

DOCUMENT # **K29132**

1. Corporation Name

CRYSTAL RIVER BODY WORKS, INC.

Principal Plac	ce of Business	Mailing Address					
780 SE 5TH TI	ERRACE URGE. REBECCA	790 SE 5TH TERRACE C/O WEISENBURGER, RI	EBECCA				
CRYSTAL RIVE		CRYSTAL RIVER FL 3442			DO NOT WRITE IN THIS SPACE		
US US					3. Date Incorporated or Qualifed		
					07/13/1988		
	Place of Business	2a. Mailing Address			4. FEI Number	A	oplied For
21 255 SE 74h Ave 26					59-2898291	I N	ot Applicable
Suite, Apt. #, etc. Suite, Apt. #, etc. 22					5. Certifcate of Status Desired \$8.75 Additional Fee Required		
					6. Election Campaign Financing	\$5.00	May Be
23 - 61 451	1			ننشعت عدر خمسس	Trust Fund Contribution		to Fees
Zip	Country	Zip	Cou	ntry	8. This corporation owes the current year Inta	angible	
24 344	29 115A	29	30		Personal Property Tax.	Yes	□No
2-1 (3-) /-	9. Name and Address of Curren	- التتقيا	11		10. Name and Address of New Registered	Agent	
				81 Name			
WIE	SENBURGER, REBECCA					.	
790 SE 5TH TERRACE				82 Street Add	dress (P.O. Box Number is Not Acceptable)		
	STAL RIVER FL 32629			83			
5111	THE PERSON NAMED IN THE PERSON NAMED IN			**			
				84 City	FL	85 Zip	Code
11. Pursuant	to the provisions of Sections 607.050	2 and 607.1508, Florida State	utes, the a	bove-named cor	poration submits this statement for the purpose of tion's board of directors. I hereby accept the appoin	cnanging its	s registerea eaistered
agent. I a	am familias with, and accept the obliga	tions of Section 607.0505, F	lorida Stat	utes.	A		
El RI	2 Killedon II	A ALL MINOR		1-K	eox 46	-99	- BERG
SINUTPHONES	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent signature requi	red when reinstating) DATE		
12.	OFFICERS AN	ID DIRECTORS	13.		ADDITIONS/CHANGES TO OFFICERS AN		
TITLE	P	☐ DELETE	1.1 ∏	TLE		☐ Change	Addition
NAME	WEISENBURGER, REBECCA		12 N	AME			
STREET ADDRESS	TOO OF STILL TED		1.3 \$	REET ADDRESS			
CITY-ST-ZIP	CRYSTAL RIVER FL			TY-ST-ZIP			
TITLE	VP	☐ DELETE	2.1 71			[] Change	☐ Addition
	WEISENBURGER, REBECCA		2.2 N	ı		_ •	
NAME	700 OF STUTEDDAGE						
STREET ADDRESS				REET ADDRESS	•		
CITY-ST-ZIP	CRYSTAL RIVE FL	□ Delete		rty-St-ZIP		☐ Change	Addition
TITLE		☐ DELETE	3.1 T			☐ Criange	C) Addition
~NAME"		المنتعودة عاله مهيد كمتعود	*∵-=> :3.2 N	ME	A CONTRACT OF THE PARTY OF THE		
STREET ADDRESS	\$ 		3.3 \$	REET ADDRESS			
CITY-ST-ZIP			3.4. 0	ITY-ST-ZIP			
TITLE		☐ DELETE	4.1 Ti	TLE		☐ Change	Addition
NAME	1		4. 2 N	AME			
STREET ADDRESS	s (4.3 \$	REET ADDRESS			
CITY-ST-ZIP	1.		4.4 C	TY-ST-ZIP			
TITLE	<u> </u>	☐ DELETE	5.1 TI			☐ Change	Addition
		 - -	5.2 N	i		,	
NAME	}			REET ADDRESS			
STREET ADDRESS	6						
CITY-ST-ZIP			5.4 C	TY-ST-ZIP			
		☐ DELETE	6.1 TI			Change	☐ Addition

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 Statules. 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.

6.2 NAME

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP