FILE	NOW:	<b>FILING</b>	FEE	<b>AFTER</b>	MAY 1	IS S	\$225.	00
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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State

DIVISION OF CORPORATIONS

	1	9	9	6	

SIGNATURE:

DOCUI	MENT # K4298	8 (1)						
BAD TO	O THE BONE, INC.				i illāldili tai Biblā hiệkā lājās kalai	· 16(1 8183) 8(8) 8(8	11 =1414 BIGIL AJBAL II	• • •
Principal Place	e of Business	Mailing Address			1 100/0111 811 01010 1(010 19/9) (Q10)		il 01011 01011 01017 10	<b>/</b> 01
C/O ROBERT		C/O ROBERT E. MOORE						
14725 BOXW PALM BEACH	OOD DRIVE 1 Gardens fl 33418	14725 BOXWOOD DRIVE PALM BEACH GARDENS		R				
***********	1 deliverity in access	Frience were writing with	16.00	v	3. Date Incorporated or Qualified	3a. Date of L	•	
2. Principal Pla	ace of Business	2a. Mailing Address			11/03/1988 4. FEI Number	U4/ I	1/1995 Applied Fo	nr -
21		26			65-0133375		Not Applic	
Suite, Apt.	#, etc	Suite, Apt. #, etc.			5. Certificate of Status Desired	_ <b>\$</b>	8.75 Additional Fee Required	al
City & State	9	City & State			Election Campaign Financing     Trust Fund Contribution		\$5.00 May Be Added to Fees	,
Zip	Country	Zip	Cou	intry	8. This corporation has liability for i		·····	
24	25 9. Name and Address of Curren	1 80 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5	30	r		□No		
	9, Hame and Address of Curren	t Registered Agent		81 Name	10. Name and Address of New R	egistered Age	nt	
MOORE.	, robert e.			82 Street Add	ress (P.O. Box Number is Not Acceptab	lal.		
	OXWOOD DRIVE				ress (r.o. box nomber is not Acceptab	10)		
PALM BI	EACH GARDENS FL 33418			83				
				84 City		FL 8	5 Zip Code	
11. Pursuant t	to the provisions of Sections 607.0502	and 607.1508, Florida Statutes	the abc	ve-named corpo	ration submits this statement for the pur	roose of changin	ıq its reaistered r	office
or register	red agent, or both, in the State of Floric th, and accept the obligations of, Section	ia. Such change was authorized	d by the o	corporation's boa	and of directors. I hereby accept the appoint	cintment as regi	stered agent. I a	m
SIGNATURE .								
12.	Signature, typed or printed name of registered agent if OFFICERS AND		Registered	Agent signature require	ed when reinstating) ADDITIONS/CHANGES TO OFFI	DATE	ECTORS IN 12	{{{\{ }}}
TITLE	D	DELETE	1.11	ITLE	ADDITIONS/OFFANGES TO OFF			tion 7
NAME	MOORE, ROBERT DANE		12 N	AME				1
STREET ADDRESS	14677 PEACE RIVER WAY		1.3 \$7	FREET ADDRESS				ا يا
CITY-ST-ZIP TITLE	PALM BEACH GRDNS, FD D	☐ DELETE	1.4 CF 2 1 TI	TY-ST-ZIP			anno 🗖 Addit	}
NAME	MOORE, DAVID W.		2.2 N/			Ct	nange 🔲 Additi	ION
STREET ADDRESS	6120 LUCERNE ST			REET ADDRESS				
CITY ST-ZIP	PALM BEACH GRONS FL		2.4 01	TY-ST-ZIP				
TITLE	D	☐ DELETE	3 1 71	ITLE		☐ Ch	nange 🔲 Addili	ion
NAME	MOORE, ROBERT E.		3.2 NA	AME		•		
STREET ADDRESS	14725 BOXWOOD DR			TREET ADDRESS				
CITY-ST-ZIP TITLE	PALM BEACH GRDNS FL	☐ DELETE	4. 1 T)	TY-ST-ZIP ITLE		[ ] Cn	nange	inn
NAME	MOORE, EVE E.	<u> </u>	4.2 NA	1			onge Naon	·
STREET ADDRESS	14725 BOXWOOD DR.			REET ADDRESS				
CITY-ST-ZIP	PALM BCH. GRONS FL		4.4 CI	TY-ST-ZIP				
TITLE		☐ DELETE	5 1 TI	TLE		Ch	nange 🔲 Additi	ion
NAME			5 2 NA	AME .				
STHEFT ADDRESS				REET ADDRESS				
CITY-ST-ZIP		DELETE		TY-ST-ZIP			acos [7] Addit	
NAME		FT OFFER	6.1 TH			☐ Ch	iange 🔲 Additi	on
STREET ADDRESS				REET ADDRESS				
CITY-ST-ZIP				TY-S1-ZIP				- 1
14. Ldo hereb	y certify that the information supplied w	vith this filing is voluntarily furnish	hed and	does not qualify t	or the exemption stated in Section 119.0 ate and that my signature shall have the	07(3)(k), Florida :	Statutes. I furthe	ir
oath; that I	. the information indicated on this annual Lam an officer or director of the corpor ∟Block: 12 or Block 1≱1f changed, or o	ration or the receiver or trustee e	empower	s true and accura red to execute thi	ite and that my signature shall have the sis report as required by Chapter 607, Fu	same iegai effec vida Statutes; a	r as ii made und nd that my name	er e

\_ EVE MOORE 3/21/96 (941) 763