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PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

CUMENT # P9800061920

1. Corporation Name MUSCLE ELEGANCE MAG										
Principal Place of Business	Mailing Address				11681	IBBI 119 IBIBI	18111 48 111 48	16 0 161 40	illa Arias viala iai	I
5630 LAUREL DAWN DRIVE	15630 LAUREL DAWN DR	RIVE								
FORT MYERS FL 33912	FORT MYERS FL 33912									
				<u> </u>				TE IN 11	HIS SPACE	
				3.	07/14/1	•	r Qualifed			
2. Principal Place of Business	2a. Mailing Address				FEI Numb					Applied For
1	26			6	<u> 5-0</u>	<u>856</u>	163			lot Applicable
Suite, Apt. #, etc.	Suite, Apt. #, etc.			5.	Certifcate	of Status	Desired		,	Additional Required
City & State	City & State			- +-	Election C	ampaign f	inancina		\$5.0	May Be
-, '	28			"		d Contribu	-			to Fees
Zip Country		Count	ry	8.	This corpo			ent vear	Intangible	
4 25	29	30	-	•		Property T		,	Yes	MNo
<u> </u>	ss of Current Registered Agent			10.	Name an	d Address	of New I	Register	ed Agent	
			1 Name							
SANCHEZ-MASINO, DENIS			2 Street	Address (F	O Boy N	umbar ie M	ot Accept	able)		
15630 Laurel Dawn Dr	NVE	(Street	Mudiess (F	O. DOX N	uiiibei is it	or Accept	able		
FORT MYERS FL 33912		18	33							
			<u> </u>						12-1	
		8	34 City						85 Zip	Code
11. Pursuant to the provisions of Section office of registered agent, or both, agent. I am lamiliar with, and acce	ions 607.0502 and 607.1508, Florida Stat in the State of Florida. Such change was of the obligations of, Section 607.0505, F	utes, the abo authorized to lorida Statut	ove-named by the corp	corporation s be	n submits toard of dire	7	,	purpose pt the ap		ts registered registered
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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 angular 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.

6.4 CITY-ST-ZIP

SIGNATURE:

>) DENISE SANGEZ -MASMO 4/29/49 541-482647

FILED

May 06, 1999 8:00 am Secretary of State

05-06-1999 90191 019 ***150.00

CR2E034 (11/98)