

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

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # 672106 (2)

1. Corporation Name

I'M A BODY EXERCISE STUDIO, INC.



Principal Place of Business

Mailing Address

6129 LAKE WORTH ROAD  
LAKE WORTH FL 33463

6129 LAKE WORTH ROAD  
LAKE WORTH FL 33463

2. Principal Place of Business

2a. Mailing Address

21 Suite, Apt. #, etc.

26 Suite, Apt. #, etc.

22 City & State

27 City & State

23 Zip Country

28 Zip Country

3. Date Incorporated or Qualified

06/03/1980

3a. Date of Last Report

05/01/1995

4. FEI Number

59-2008450

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional  
Fee Required

6. Election Campaign Financing  
Trust Fund Contribution

\$5.00 May Be  
Added to Fees

8. This corporation has liability for intangible tax under s. 199.032,  
Florida Statutes

Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

HUBSCHER, DONNA A  
6129 LAKE WORTH ROAD  
LAKE WORTH FL 33463

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

FL

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

Signature, typed or printed name of registered agent (if not applicable)

(Initials Registered Agent signature required when new state)

DATE

12. OFFICERS AND DIRECTORS

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

PD  
HUBSCHER, DONNA A  
1014 MANOR DR.  
PALM SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

T  
HUBSCHER, BONNIE J.  
171 LAKE ARBOR DR.  
PALM SPRINGS FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

VP  
HUBSCHER, TAYLOR M.  
1027 10TH WAY  
WEST PALM BEACH FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

S  
BUTLER, BRANT A.  
6870 HAMMOCK LANE  
W PALM BCH FL

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

TITLE  
NAME  
STREET ADDRESS  
CITY - ST - ZIP

DELETE

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

Change Addition

1.1 TITLE  
1.2 NAME  
1.3 STREET ADDRESS  
1.4 CITY - ST - ZIP

2.1 TITLE  
2.2 NAME  
2.3 STREET ADDRESS  
2.4 CITY - ST - ZIP

3.1 TITLE  
3.2 NAME  
3.3 STREET ADDRESS  
3.4 CITY - ST - ZIP

4.1 TITLE  
4.2 NAME  
4.3 STREET ADDRESS  
4.4 CITY - ST - ZIP

5.1 TITLE  
5.2 NAME  
5.3 STREET ADDRESS  
5.4 CITY - ST - ZIP

6.1 TITLE  
6.2 NAME  
6.3 STREET ADDRESS  
6.4 CITY - ST - ZIP

Change Addition

Change Addition

Change Addition

Change Addition

Change Addition

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 115.07(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:

Branta Butler

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-30-96

DATE

439-4222

DAY/PHONE #

CR2E034 (12/95)