

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED  
Apr 30, 1999 8:00 am  
Secretary of State

04-30-1999 90190 045 \*\*\*150.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # 672106

1. Corporation Name

I'M A BODY EXERCISE STUDIO, INC.

Principal Place of Business

6129 LAKE WORTH ROAD  
LAKE WORTH FL 33463

Mailing Address

6129 LAKE WORTH ROAD  
LAKE WORTH FL 33463

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

06/03/1980

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 owes the current year Intangible  
Personal Property Tax.

☐ Yes

☐ No

2. Principal Place of Business

21 6185 Jog Road

Suite, Apt. #, etc.

2a. Mailing Address

26 Same

Suite, Apt. #, etc.

City & State

23 Lake Worth, FL

City & State

28

Zip

24 33467

Country

25 Palm Beach

Zip

29

Country

30

9. Name and Address of Current Registered Agent

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

6185 Jog Road  
Lake Worth, FL  
33467

10. Name and Address of New Registered Agent

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 and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PD  
NAME HUBSCHER, DONNA A  
STREET ADDRESS 1014 MANOR DR.  
CITY-ST-ZIP PALM SPRINGS FL

☐ DELETE

TITLE T  
NAME HUBSCHER, BONNIE J.  
STREET ADDRESS 171 LAKE ARBOR DR.  
CITY-ST-ZIP PALM SPRINGS FL

☐ DELETE

TITLE VP  
NAME HUBSCHER, TAYLOR M.  
STREET ADDRESS 1027 10TH WAY  
CITY-ST-ZIP WEST PALM BEACH FL

☐ DELETE

TITLE S  
NAME BUTLER, BRANT A.  
STREET ADDRESS 6870 HAMMOCK LANE  
CITY-ST-ZIP W PALM BCH FL

☐ DELETE

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

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

☐ 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 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, with all other like empowered.

SIGNATURE:

BRANT A BUTLER  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-27-99

Date

(561) 4394222

Daytime Phone #

CR2E034 (11/98)