

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

FILED

Jan 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **839302** (7)
1. Corporation Name
BODDY SHOPPE OF THE SOUTH CORPORATION



Principal Place of Business 7815 N DALE MABRY HWY TAMPA FL 33614	Mailing Address 7815 N DALE MABRY HWY TAMPA FL 33614-3203
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2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29		3. Date Incorporated or Qualified 10/13/1977		3a. Date of Last Report 04/18/1996	
4. FEI Number 59-1763750		5. Certificate of Status Desired <input type="checkbox"/>		Applied For Not Applicable		6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No		8. \$8.75 Additional Fee Required		9. \$5.00 May Be Added to Fees			

9. Name and Address of Current Registered Agent ROSEN, ALAN 9701 VAN ST TAMPA FL 33615				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			
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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						13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
TITLE	P	DELETE	1.1 TITLE	Change Addition		1.1 TITLE		Change Addition		1.1 TITLE	
NAME	ROSEN, ALAN		1.2 NAME			1.2 NAME				1.2 NAME	
STREET ADDRESS	9701 VAN ST		1.3 STREET ADDRESS			1.3 STREET ADDRESS				1.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33615		1.4 CITY - ST - ZIP			1.4 CITY - ST - ZIP				1.4 CITY - ST - ZIP	
TITLE	V	DELETE	2.1 TITLE	Change Addition		2.1 TITLE		Change Addition		2.1 TITLE	
NAME	ROSEN, BRUCE		2.2 NAME			2.2 NAME				2.2 NAME	
STREET ADDRESS	8210 DRYCREEK DR		2.3 STREET ADDRESS			2.3 STREET ADDRESS				2.3 STREET ADDRESS	
CITY - ST - ZIP	TAMPA FL 33615		2.4 CITY - ST - ZIP			2.4 CITY - ST - ZIP				2.4 CITY - ST - ZIP	
TITLE	T	DELETE	3.1 TITLE	Change Addition		3.1 TITLE		Change Addition		3.1 TITLE	
NAME	ROSEN, GEORGE		3.2 NAME			3.2 NAME				3.2 NAME	
STREET ADDRESS	25 HOLLYWOOD DR		3.3 STREET ADDRESS			3.3 STREET ADDRESS				3.3 STREET ADDRESS	
CITY - ST - ZIP	WOODBIDGE NJ 07095		3.4 CITY - ST - ZIP			3.4 CITY - ST - ZIP				3.4 CITY - ST - ZIP	
TITLE		DELETE	4.1 TITLE	Change Addition		4.1 TITLE		Change Addition		4.1 TITLE	
NAME			4.2 NAME			4.2 NAME				4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS			4.3 STREET ADDRESS				4.3 STREET ADDRESS	
CITY - ST - ZIP			4.4 CITY - ST - ZIP			4.4 CITY - ST - ZIP				4.4 CITY - ST - ZIP	
TITLE		DELETE	5.1 TITLE	Change Addition		5.1 TITLE		Change Addition		5.1 TITLE	
NAME			5.2 NAME			5.2 NAME				5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS			5.3 STREET ADDRESS				5.3 STREET ADDRESS	
CITY - ST - ZIP			5.4 CITY - ST - ZIP			5.4 CITY - ST - ZIP				5.4 CITY - ST - ZIP	
TITLE		DELETE	6.1 TITLE	Change Addition		6.1 TITLE		Change Addition		6.1 TITLE	
NAME			6.2 NAME			6.2 NAME				6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS			6.3 STREET ADDRESS				6.3 STREET ADDRESS	
CITY - ST - ZIP			6.4 CITY - ST - ZIP			6.4 CITY - ST - ZIP				6.4 CITY - ST - ZIP	

14. I do 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.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

0361129

CR2E034 (9/96)

i-9-96

(813) 931-8802