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03-04-1999 90139 014 ***158.75

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PROFIT CORPORATION ANNUAL REPORT 1999



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

DOCUMENT # F58936

1. Corporation Name
 HEAVENLY BODIES, INC.



Principal Place of Business: 5627 FUNSTON ST HOLLYWOOD FL 33023
 Mailing Address: 5627 FUNSTON ST HOLLYWOOD FL 33023

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business: 21 320 S. FLAMINGO ROAD Suite, Apt. #, etc. Suite 348 City & State Pembroke Pines FL Zip 33027 Country USA
 2a. Mailing Address: 26 320 S. FLAMINGO RD Suite, Apt. #, etc. Suite 348 City & State Pembroke Pines FL Zip 33027 Country USA

3. Date Incorporated or Qualified: 12/16/1981
 4. FEI Number: 59-2144955 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

9. Name and Address of Current Registered Agent
 MUNCK, ROBERT
 5627 FUNSTON STREET
 HOLLYWOOD FL FL 33023

10. Name and Address of New Registered Agent
 81 Name: MUNCK, ROBERT
 82 Street Address (P.O. Box Number is Not Acceptable): 320 S. FLAMINGO RD Suite 348
 83
 84 City: Pembroke Pines FL 85 Zip Code: 33027

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: *Robert Munk* Robert Munk Pres. DATE: 02/09/99

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	MUNCK, ROBERT	
STREET ADDRESS	5627 FUNSTON ST	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

Robert Munk
 320 S. FLAMINGO ROAD
 Pembroke Pines FL 33027

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: *Robert Munk* Robert Munk Pres. DATE: 02/09/99 (954) 962-2342

CR2E034 (1/98)