May 04, 1999 8:00 am Secretary of State

05-04-1999 90171 049 ***150.00

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

PROFIT CORPORATION ... ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

1999 **DOCUMENT # G07881**

1. Corporation Name

CRONY	BODY WORKS, INC.								
Principal Place	at Cusiones	Mailin	- Addroce				<u>-</u>	il didil ath a di	ill fills blok loot
% GEORGE J. 724 NW 21ST S MIAMI FL 3312	FALCON ST	% GE(724 M	Mailing Address % GEORGE J. FALCON 724 NW 21ST ST MIAMI FL 33127				DO NOT WRITE IN THIS SPACE		
							3. Date Incorporated or Qualifed		
							11/10/1982		
2. Principal P	lace of Business	2a. M	ailing Address				4. FEI Number		Applied For
21		26					59-2249640		Not Applicable
Suite, Apt.	#, etc.	⊢	Suite, Apt. #, etc.				5. Certifcate of Status Desired		5 Additional Required
City & State			- City & State ~			~	6 Election Campaign Financing	\$5.0	0 May Be
23		28					Trust Fund Contribution	Adde	ed to Fees
Zip	Country	Zij	ρ	Count	ry		8. This corporation owes the current year		_ \
24	25	29		30			Personal Property Tax.	Yes	No
	9. Name and Address of Curre	nt Register	ad Agent				10. Name and Address of New Register	ed Agent	
				. [8	1 1	Name	1		
	CON, GEORGE J. NW 21ST ST			8	2 5	Street Addre	ess (P.O. Box Number is Not Acceptable)		
MIAN	MI FL 33127		•	8	3	·			
•		;	·		<u>.</u>	<u> </u>		105 7	ip Code
				18	4 0	City	to the property of the F	L 85 Zi	in code
agentia	m familiar with, and accept the oblig Signature, typed or printed name of registered ag	ent and title if app	plicable. (NOTI	E: Registered Ag	95.		in's board of directors. I hereby accept the ap		
12.	OFFICERS A	ND DIRECT		13.			ADDITIONS/CHANGES TO OFFICERS		
TITLE	DELETE				1.1 TITLE			Chang	ie (1) yadiilani
NAME	FALCON, GEORGE J			1.2 NAME					
STREET ADDRESS	130 SW 52ND CT			1.3 STREET ADDRESS					
CITY-ST-ZIP	AIAMI, FL 00000		_	1.4 CITY-ST-ZIP			Chang	ge Addition	
TITLE	,				2.1 TITLE			[Citatig	je 🗀 Addition
NAME	FALCON, ALEIDA			2.2 NAME					
STREET ADDRESS	130 SW 52ND CT			2.3 STRE		Į.			l
CITY-ST-ZIP	MIAMI, FL 00000		DELETE	2. 4 CITY 3.1 TITLE		ZIP		Chang	ge Addition
TITLE	و الما الما الما الما الما الما الما الم		Doctor				***		,,,
NAME				3.2 NAME 3.3 STRE					
STREET ADDRESS	·					1			
CITY-ST-ZIP		-	DELETE	4.1 TITLE		.IP		Chang	ge Addition
				4. 2 NAM					,
NAME	}			4.3 STRE		IDDECC			
STREET ADDRESS									
CITY-ST-ZIP			☐ DELETE	4.4 CITY-		IP		Chang	ge Addition
	•			5.2 NAME			•	<u> </u>	· . –
NAME				5.3 STRE		ORESS!		•	.
STREET ADDRESS				5.4 CITY-					
CITY-ST-ZIP			☐ DELETE	6.1 TITLE		1		Chang	ge Addition
NAME	,			6.2 NAME	i				. —

14. I hereby certify that the information supplied with this filing does not qualify for the exemption supplied on this annual report or supplemental annual report is true and accurate and that mys officer or director of the corporation or the receiver or trustee empowered to execute this report Block 12 or Block 13 if changed, or on an attachment with an address, with all other like empower. on 119.07(3)(i), Florida Statutes. I further certify that the information have the same legal effect as if made under oath; that I am an Chapter 607, Florida Statutes; and that my name appears in

6.3 STREET ADORE

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS

CITY-ST-ZIP