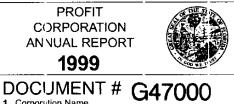
FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT

1999

1. Corporation Name



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

Apr 28, 1999 8:00 am Secretary of State

04-28-1999 90025 038 ***150.00

ERNIE'S	BODY SHOP, INC.								
Principal Plac % CHARLES J. 657 EAST VEN VENICE FL 342	. PETERSON ICE AVE.	Mailing Address % CHARLES J. PETERSCN 657 EAST VENICE AVE. VENICE FL 34292			DO NOT WR			1 211 919 11 102 1	
TEMOC 1E 342	.ve	TENIOL 12 O'ICOL				Date Incorporated or Qualifed			
A D-1115	Place of Business	2a. Mailing Address				07/01/1983 FEI Number		T An	olied For
 1 '	Tace of Business	2a. Mailing Address				59-2306814		<u> </u>	Applicable
Suite, Apt.	# etc	Suite, Apt. #, etc.				-		\$8.75 A	
22	.,	27			5.	Certifcate of Status Desired		Fee Re	quired
City & Sitat	te	City & State			6.	Election Campaign Financing		\$5.00	May Be
23		28				Trust Fund Contribution		Added to	Fees
Zip	Country	Zip	Country	у	1 '	This corporation owes the cur	rent year l		m/
24	25		30		- 1	Personal Property Tax. Name and Address of New	Danistan		₽ No
	9. Name and Address of Curren	: Registered Agent	81	Name	10.	Name and Address of New	Registeri	u Agent	
	ERSON, CHARLES J.		82	Street Aidr	Iress (P.	O. Bo. Number is Not Accept	able)		
	EAST VENICE AVE.					JAME			
VICIN	ICE FL 34292		83	3		,			
			84	City			F	85 Zip C	ode
SIGNATURE	Signature, typed or printed in me of registered agen	me / preside	1	ent signature require		Instating ODITI ONS/CHANGES TO OF	DATE FICERS		
TITLE	PD	☐ DELETE	11TITLE					☐ Change	Addition
NAME	PETERSON, CHARLES J.		1.2 NAME						
STREET ADDRESS	657 E. VENICE AVE.	E. VENICE AVE. 1.3 S		.3 STREET ADDRESS					
CITY-ST-ZIP	VENICE FL		1.4 CITY-ST-ZIP						
TITLE	VPS	☐ DELETE	2.1 TITLE					☐ Change	Addition
NAME	PETERSON, CAROLE T.		2.2 NAME						
STREET ADDRESS	-			ET ADDRESS					
CITY-ST-ZIP	VENICE FL	DELETE	2. 4 CITY- 3.1 TITLE	ST-ZIP				Change	Addition
TITLE NAME			3.2 NAME					_ ,	
STREET ADDRESS				ET ADDRESS					
CITY-ST-ZIP			3.4 CITY-	ST-ZIP					
TITLE		☐ DELETE	4.1 TITLE					Change	☐ Addition
NAME			4. 2 NAME						
STREET ADDRESS			4.3 STREE	ET ADDRESS					
CITY-ST-ZIP		Document	4.4 CITY-5	ST-ZIP				Change	Addition
TITLE		☐ DELETE	5.1 TITLE 5.2 NAME					Change	☐ Addition
NAME				ET ADDRESS					
STREET ADDRESS			5.4 CITY-	!					
CITY-ST-ZIP TITLE		☐ DELETE	6.1 TITLE					Change	Addition
NAME		- Commercial Commercia	6.2 NAME						
STREET ADDRESS			6.3 STREE	ET ADDRESS					

64 CITY-ST-ZIP CITY-ST-ZIP 14. I herety certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.0"(3)(i), Florida Statutes. I further sertify 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: