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Mar 25 1997 8:00am
Secretary of State



PROFIT CORPORATION
 ANNUAL REPORT
 1997

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
 Secretary of State
 DIVISION OF CORPORATIONS

DOCUMENT # G98701 (7)

1. Corporation Name
BODY AND SOUL, INC.



Principal Place of Business: **355 GRECO CORAL GABLES FL 33146**
 Mailing Address: **355 GRECO CORAL GABLES FL 33146-1810**

3. Date Incorporated or Qualified: **02/21/1984**
 3a. Date of Last Report: **04/29/1996**
 4. FEI Number: **59-2390004**
 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 has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

2. Principal Place of Business: 21 Suite, Apt. #, etc.: 22 City & State: 23 Zip: 24 Country: 25
 2a. Mailing Address: 26 Suite, Apt. #, etc.: 27 City & State: 28 Zip: 29 Country: 30

BROWN, HAROLD
7300 PONCE DE LEON ROAD
DATRAM CENTER STE 1404
MIAMI FL 33143

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: _____ (NOTE: Registered Agent's signature required when resigning) DATE: _____

12. OFFICERS AND DIRECTORS
 TITLE: **P** DELETE
 NAME: **SKORMAN, WENDY**
 STREET ADDRESS: **355 GRECO AVENUE**
 CITY - ST - ZIP: **CORAL GABLES FL**
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETE
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 STREET ADDRESS:
 CITY - ST - ZIP:
 TITLE: DELETE
 NAME:
 STREET ADDRESS:
 CITY - ST - ZIP:

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
 1.1 TITLE: Change Addition
 1.2 NAME:
 1.3 STREET ADDRESS:
 1.4 CITY - ST - ZIP:
 2.1 TITLE: Change Addition
 2.2 NAME:
 2.3 STREET ADDRESS:
 2.4 CITY - ST - ZIP:
 3.1 TITLE: Change Addition
 3.2 NAME:
 3.3 STREET ADDRESS:
 3.4 CITY - ST - ZIP:
 4.1 TITLE: Change Addition
 4.2 NAME:
 4.3 STREET ADDRESS:
 4.4 CITY - ST - ZIP:
 5.1 TITLE: Change Addition
 5.2 NAME:
 5.3 STREET ADDRESS:
 5.4 CITY - ST - ZIP:
 6.1 TITLE: Change Addition
 6.2 NAME:
 6.3 STREET ADDRESS:
 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: *Wendy Skorman* 317-97 305-443 8684
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)