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

PROFIT CORPORATION ANNUAL REPORT

1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # H18371

(5)

Mailing Address

Principal Place of Business

SIGNATURE:

MY BODY SHOP, INC.

FILED May 01 1997 8:00am Secretary of State



8803-TORREY R TAMPA FL 3363		8809-TORREY-RD TAMPA FL 33635-1348			
				3. Date Incorporated or Qualified 08/28/1984	3a. Date of Last Report 05/01/1996
	ace of Business	2a. Mailing Address	λ α	4. FEI Number	Applied For
	NAUTILUS DRIVE	26 8834 NAVT	This delve	59-2462485	Not Applicable
Suite, Apt 1		Suite. Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State	و سد	City & State 28 TAMPA P	1	Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	8. This corporation has flability for it	ntangible tax under s. 199.032,
24 3363	5 25 HIUSBORD		30 HILLSBUR		Yes 1 No
	9. Name and Address of Current	 	81 Name	10. Name and Address of New Rep	Jistered Agent
VIOL	ETTE, NELSON	THIS DELETS	Ot Name		
VIOLETTE, NELSON 18803 TORREY AD-8834 WAUTILUS DRIGET TAMPA FL 33635			82 Street Ad	dress (P.O. Box Number is Not Acceptab	le)
			83		
			63		
			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 Signature by so or registered agent and triggill angular process or registered agent agent and triggill angular process or registered agent and triggill angular process or registered agent agen					
12.	Signature 17) and or printed name of registeral agen OFFICERS AND		Hegistered Agent signature req	ADDITIONS/CHANGES TO OFFIC	FRS AND DIRECTORS IN 12
זונו	P	DELETE	1.1 TITLE	ADDITIONOJO FANGES TO OTTE	Change Addition
NAME			1.2 NAME		
STREET ADDRESS	1 0000 manusum 120211 KIND1111K 1121116		1.3 STREET ADDRESS		
CHY-ST-ZIP	TAMPA FL 33635		1.4 CITY-ST-ZIP		ļ
TIFLE	VCT	DELETE	2.1 TITLE		Change Addition
NAME	VIOLETTE, MARY 8803 TORREY RD 8834 May	H. Dim	2.2 NAME		
STREET ADDRESS	8803 TORREY-RD 80 34 // W	in contrar .	2.3 STREET ADDRESS		
City-St-ZiP	TAMPA FL 33635		2.4 CITY+ST-ZIP		
TITLE		DELETE	3.1 TITLE		Change Addition
NAME			32 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CHY-ST-ZIP			3.4. CITY+SY-ZiP		
THILE		☐ DELETE	4.1 TITLE		Change Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
C:TY+ST+7IP		T BELEVE	4.4 CITY - ST - ZIP		
1111.		DELETE	5.1 TOLE		Change Addition
NAME I			5.2 NAME		ļ
STREET ADDRESS			5.3 STREET ADDRESS		
CHY-ST ZIF		DELETE	5.4 CITY-ST-ZIP 6.1 TITLE		Change Addition
		☐ DELETE	6.1 III CE 6.2 NAME		ma change 1ml wonition
NAME OTOGET ABODE CO	l				
STREET ADORESS			6.3 STREET ADDRESS		
14. Ldo herek	ov certify that the information supplied	with this filing does not qualif	6.4 City-St-ZiP	ed in Section 119,07(3)(i), Florida Statutes	s I further certify that the
informatio Lam an o	in indicated on this annual report or su	applemental annual report is tr the receiver or trustee empow	ue and accurate and the ered to execute this rep	at my signature shall have the same lega ort as required by Chapter 607, Florida S	I effect as if made under oath; that