

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

FILED

**Jan 15 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 # H20183 (0)
1. Corporation Name
WORLD SPAS, INC.



Principal Place of Business: **2375 SW COLLEGE RD Ocala FL 34474 US**
Mailing Address: **2375 SW COLLEGE RD Ocala FL 34474-3061 US**

3. Date Incorporated or Qualified: **09/10/1984**
3a. Date of Last Report: **04/18/1996**

2. Principal Place of Business	2a. Mailing Address	4. FEI Number	Applied For
21	26	59-2443674	Not Applicable
Suite, Apt #, etc.	Suite, Apt #, etc.	5. Certificate of Status Desired	<input type="checkbox"/> \$8.75 Additional Fee Required
22	27	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/> \$5.00 May Be Added to Fees
City & State	City & State	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
23	28		
Zip	Country	29	30
24	25	29	30

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
FORREST, I.L. 3447 SE FT KING STR STE 215J OCALA FL 34471	81 Name: JANET C. BARRETT 82 Street Address (P.O. Box Number is Not Acceptable): 1910 SE 38 AVE. 83 84 City: OCALA FL 85 Zip Code: 34471

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 607.0595, Florida Statutes.

SIGNATURE: *Janet C. Barrett* **JANET C. BARRETT** DATE: **1-8-97**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE: PD	<input checked="" type="checkbox"/> DELETE	1.1 TITLE: PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: FORREST, I.L.		1.2 NAME: BARRETT, JANET C.	
STREET ADDRESS: 1910 SE 38 AVE.		1.3 STREET ADDRESS: 1910 SE 38 AVE.	
CITY-ST-ZIP: OCALA FL		1.4 CITY-ST-ZIP: OCALA, FL 34471	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE: D	<input checked="" type="checkbox"/> DELETE	2.1 TITLE: D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME: BARRETT, JANET C		2.2 NAME: FORREST, I.L.	
STREET ADDRESS: 1910 SE 38 AVE.		2.3 STREET ADDRESS: 1910 SE 38 AVE.	
CITY-ST-ZIP: OCALA FL		2.4 CITY-ST-ZIP: OCALA, FL 34471	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE:	<input type="checkbox"/> DELETE	3.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		3.2 NAME:	
STREET ADDRESS:		3.3 STREET ADDRESS:	
CITY-ST-ZIP:		3.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	4.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		4.2 NAME:	
STREET ADDRESS:		4.3 STREET ADDRESS:	
CITY-ST-ZIP:		4.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	5.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		5.2 NAME:	
STREET ADDRESS:		5.3 STREET ADDRESS:	
CITY-ST-ZIP:		5.4 CITY-ST-ZIP:	
TITLE:	<input type="checkbox"/> DELETE	6.1 TITLE:	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME:		6.2 NAME:	
STREET ADDRESS:		6.3 STREET ADDRESS:	
CITY-ST-ZIP:		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: *Janet C. Barrett* **JANET C. BARRETT** DATE: **1-8-97** 352-679-9690

CR2E034 (9/96)