FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT CORPORATION ANNUAL REPORT



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

1996 DOCUMENT # 1. Corporation Name

H60365

(4)

BODY	WATCH, INC.				
Principal Place of Business		Mailing Address		s santası dirin dirit diribil tilili itil	or dast endir groot bedut bibli bibli Bibli Habb
107 TUSCANA CT. #405 107 TUSCANA CT. #4 NAPLES FL 33999 NAPLES FL 33999		105			
A D :				3. Date Incorporated or Qualified 06/03/1985	3a. Date of Las: Report 05/01/1995
2. Principal Place of Business		2a. Mailing Address		4. FEI Number	Applied For
Suite, Apt. #, etc.		26		59-2542353	Not Applicable
22		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required
City & State		City & State		Election Campaign Financing Trust Fund Contribution	\$5.00 May Be
Zip	Country	Zip	Country	8. This corporation has liability for	Added to Fees
24	25	29	30		□ No
	9. Name and Address of Curre	ent Registered Agent		10. Name and Address of New F	Registered Agent
1441 9914			81 Name		
HALEY, MATTHEW M			82 Street Add	ress (P.O. Box Number is Not Acceptat	ole)
107 TUSCANA CT #405 NAPLES FL 33999			-	`	· · · · · · · · · · · · · · · · · · ·
NAPLES	D FL 33999		63		
			84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.050	02 and 607 1508. Florida Statut	es the above named corpo	ration out mits this state and fine	<u> </u>
or register familiar wit	ed agent, or both, in the State of Flor th, and accept the obligations of, Sec	rida. Such change was authoriz	ed by the corporation's boa	ration submits this statement for the pur rd of directors. I hereby accept the app	rpose of changing its registered office ointment as registered agent, I am
SIGNATURE	on a lo according the distigations on, dec	blion 607.0000, Florida Statutes			
	Signature, typed or printed name of registered age:	nt and title if applicable (NC	TE Registered Agent signature require	d when reinstating)	DATE
12.		ND DIRECTORS	13.	ADDITIONS/CHANGES TO OFF	
TITLE	PD	☐ DELETE	1. 1 TITLE		Change Addition
NAME	HALEY, MATTHEW M.		1.2 NAME		
STREET ADDRESS	107 TUSCANA CT #405		1.3 STREET ADDRESS		İ
CITY-ST-ZIP	NAPLES FL		1.4 CITY - ST - ZIP		
TITLE	VSD Haley, Bryan P	☐ DELETE	2 1 TITLE		Change Addition
NAME	3910 PRESERVE WAY		2.2 NAME		
STREET ADDRESS	ESTERO FL		2.3 STREET ADDRESS		
CITY-ST-ZIP TITLE	TO	☐ DELETE	2.4 CITY - ST - ZIP		
NAME	LAMBERT, ROSEMARY	L] DELETE	3. 1 TITLE		Change Addition
STREET ADDRESS	29131 SHENANDOAH		3.2 NAME		
CITY-ST-ZIP	FARMINGTON HILLS MI		3.3. STREET ADDRESS		
TITLE	TOTAL COLUMN TO THE COLUMN TO	DELETE	3.4 C(TY-ST-Z)P 4. 1 T(TLE		Change C Addition
NAME			4.2 NAME		☐ Change ☐ Addition
STREET ADDRESS			4.3 STREET ADDRESS		
CITY- \$1-ZIP			4.4 CITY-ST-ZIP		
THILE		☐ DELETE	5. 1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		5.13.1gc 1.001101)
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-SI-ZIP			5 4 CiTY-ST-ZIP		
TITLE		☐ DELETE	6. 1 TITLE		Change Addition
NAME			62 NAME		
STHEET ADDRESS			63 STREET ADDRESS		

6.4 CITY-ST-ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k). 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 cath; 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 OR PHINTED NAME OF SIGNING OFFICER OR DIRECTOR SIGNATURE: /

4-24-96 941.455-5717