

AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT CORPORATION ANNUAL REPORT 1996



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

FILED

97 JAN 23 AM 11:03

DOCUMENT # K54265 (9)

1. Corporation Name:
BODIES BY BOB, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



REINSTATEMENT *Allo*

Principal Place of Business: % ROBERT H. HEIL, 2549 CANTERBURY DR. S., WEST PALM BEACH FL 33407
Mailing Address: % ROBERT H. HEIL, 2549 CANTERBURY DR. S., WEST PALM BEACH FL 33407

3. Date Incorporated or Qualified: 12/26/1988
3a. Date of Last Report: 06/26/1995

2. Principal Place of Business: 21 6054 Forest Hill Blvd
2a. Mailing Address: 26 6054 Forest Hill Blvd

4. FEI Number: 65-0111485
Applied For: Not Applicable

Suite, Apt. #, etc.: 22 # 209
27 # 209

5. Certificate of Status Desired: \$8.75 Additional Fee Required

City & State: 23 W. Palm Beach, Fl.
28 W. Palm Beach, Fl.

6. Election Campaign Financing: \$5.00 May Be Added to Fees

Zip: 24 33415
Country: 25 Palm Bch.
29 33415
30 Palm Bch

8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent: HEIL, ROBERT H., 2549 CANTERBURY DR. S., WEST PALM BEACH FL 33407

10. Name and Address of New Registered Agent: 81 Name: Robert H. Heil
82 Street Address (P.O. Box Number is Not Acceptable): 6054 Forest Hill Blvd. #209
83
84 City: W. Palm Beach FL 85 Zip Code: 33415

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: Robert H. Heil 1/12/97

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: PDY DELETE
NAME: HEIL, ROBERT H.
STREET ADDRESS: 2549 CANTERBURY DR. S.
CITY - ST - ZIP: WEST PALM BEACH FL 33407

1.1 TITLE: PDY Change Addition
1.2 NAME: Robert H. Heil
1.3 STREET ADDRESS: 6054 Forest Hill Blvd #209
1.4 CITY - ST - ZIP: W. Palm Beach Fl. 33415

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

2.1 TITLE: 600002070426 Change Addition
2.2 NAME: -01/28/97--01099--007
2.3 STREET ADDRESS: ****375.00 ****375.00
2.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

3.1 TITLE: Change Addition
3.2 NAME:
3.3 STREET ADDRESS:
3.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

4.1 TITLE: Change Addition
4.2 NAME:
4.3 STREET ADDRESS:
4.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
CITY - ST - ZIP:

5.1 TITLE: Change Addition
5.2 NAME:
5.3 STREET ADDRESS:
5.4 CITY - ST - ZIP:

TITLE: DELETE
NAME:
STREET ADDRESS:
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 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 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Robert H. Heil
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/97 561-966-2381
Date Daytime Phone #

CR2E034 (3/96)