## 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 # K56992

(6)

BODY DESIGN FITNESS CENTER, INC.

FILED	
May 16 1997 8:00an	1
Secretary of State	

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Principal Place of Business Mailing Address					ida dadai dadai dadai babik 91001 digik 1861
500 W. LAKE MARY BLVD.         500 W. LAKE MARY BLVD.           SAMFORD FL 32773         SAMFORD FL 32773-7441           US         US					
6 Disciplify at Disciplina	T			3. Date Incorporated or Qualified 01/10/1989	d 3a. Date of Last Report 07/26/1996
2. Principal Place of Business	2a. Mailing Address			4. FEI Number	Applied For
Suite, Apt. #, etc.	Suite, Apt. #, etc.	<del>_</del>		59-2923183	Not Applicable
City & State	27 City & State			5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28			Election Campaign Financing     Trust Fund Contribution	\$5.00 May Be Added to Fees
Zip Country	Zip	Count	гу		or intangible tax under s. 199.032,
24 25	29	30			Yes No
9, Name and Address of Current	Registered Agent			10. Name and Address of New F	Registered Agent
TERWILLIGER, HARVEY		6	Name		1
23120 DERBY DRIVE		8	2 Street Add	dress (P.O. Box Number is Not Accept	able)
SORRENTO FL 32776		6			
		6	•		
		B.	1		FL 85 Zip Code
Pursuant to the provisions of Sections 607.0502     office or registered agent, or both, in the Stale of agent. I am familiar with, and accept the obligate.	and 607.1508, Florida Statute of Florida. Such change was a	es, the about the side State	ve-named cor by the corpora	rporation submits this statement for the ation's board of directors. I hereby acc	purpose of changing its registered ept the appointment as registered
SIGNATURE					
Signature, typed or printed name of registered agent  12. OFFICERS AND		13.	gent signature requ	uired when reinstating) ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12
TITLE VP	DELETE	1.1 TITLE	16		Change Addition
NAME TERWILLIGER, AILEEN	<del></del>	1.2 NAME	1	owilliges	Shalige Listanion
STREET ADDRESS 25120 DERBY DRIVE		1.3 STREI	.1 ADDRESS 🚨	isizo perog arive	Ş
CITY-ST-ZIP SORRENTO FL 32776		1.4 CITY	"	orner 10 FL 3277	6
TITLE PT	☐ DELETE	2.1 TITLE	R	CALLERY P.	Change Addition C
NAME TERWILLIGER, HANEY		2.2 NAME	₽	IEK FIRENCE MARY BI	<b>v</b>
STREET ADDRESS 25120 DERBY DRIVE		2.3 STREE	T ADDRESS S	COS W.LAIKE MARLY IS	
CITY-ST-ZIP SORRENTO FL		2 4 CHTY	-SI-ZIP	GANFORD FL 327	73
TITLE S	DELETE	3 1 1111.			Change Addition
NAME WHITE, DANA		32 NAME			
STREET ADDRESS 500 W. LAKE MARY BLVD.		•	1 ADDRESS		
CITY-ST-ZIP SANFORD FL	DELETE	3.4. CITY	ST-ZIP		
NAME	LT Detete	4.1 TITLE 4.2 NAMI	.		☐ Change ☐ Addition
STREET ADDRESS		. ·			
CITY-ST-ZIP		i i	1 ADDRESS		
TITLE	DELETE	4.4 CITY - 5.1 TITLE	81-ZIP		Change Addition
NAME		5.2 NAME			Onange Audition
STREET ADDRESS		1	T ADDRESS		
CITY-ST-ZIP		5.4 CITY-	1		
TITLE	DELETE	6.1 1111 €	S. E.		Change Addition
NAME		6.2 NAME			
STREET ADDRESS			1 ADDRESS		
CITY-ST-ZIP		6.4 CI!Y-	S1-ZIP		
14. I do hereby certify that the information supplied	with this filing does not qualify	y for the ex	emption state	ed in Section 119.07(3)(i), Florida Statut	es. 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 logal effort as if made under eath; 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 chapter 607 or on an attachment with an address.