

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

**APPROVED  
AND  
FILED**

CORPORATION ANNUAL REPORT 1995



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

95 MAY - 1 AM 4:35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # **L40307 (5)**

1. Corporation Name:  
**40TH STREET, INC.**

Principal Place of Business: **1501 2ND AVE. TAMPA FL 33605-5005**

Mailing Address: **1501 2ND AVE. TAMPA FL 33605-5005**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business:	2a. Mailing Address:	3. Date First Incorporated or Quarter:	3a. Date of Last Report:
21	26	01/05/1990	05/01/1994
22	27	4. FEI Number:	Applied For
23	28	59-2990439	Not Applicable
24	29	5. Certificate of Status Desired:	\$8.75 Additional Fee Required
25	30	6. Election Campaign Financing Trust Fund Contribution:	\$5.00 May Be Added to Fees
26	31	b. This corporation has liability for intangible tax under § 199.032, Florida Statutes. <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
WILLIAMS, JOSEPH M 1501 2ND AVENUE EAST TAMPA FL 33605		B1 Name:	B5 Zip Code:
		B2 Street Address (P.O. Box Number is Not Acceptable):	FL
		B3:	
		B4 City:	

11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE	PD BAKER, CHARLES, A, JR 1501 2ND AVE E TAMPA FL	13.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.2 NAME		13.2 NAME	
12.3 STREET ADDRESS		13.3 STREET ADDRESS	
12.4 CITY, ST, ZIP		13.4 CITY, ST, ZIP	
12.5 TITLE	VD O'BRIEN, MICHAEL D. 256 3RD ST NIAGARA FALLS NY	13.5 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.6 NAME		13.6 NAME	
12.7 STREET ADDRESS		13.7 STREET ADDRESS	
12.8 CITY, ST, ZIP		13.8 CITY, ST, ZIP	
12.9 TITLE	V WILLIAMS, JOSEPH, M 1501 2ND AVE E TAMPA FL	13.9 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.10 NAME		13.10 NAME	
12.11 STREET ADDRESS		13.11 STREET ADDRESS	
12.12 CITY, ST, ZIP		13.12 CITY, ST, ZIP	
12.13 TITLE	STD SIMON, JOHN V. J 1501 2ND AVE E TAMPA FL	13.13 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.14 NAME		13.14 NAME	VP, S, T, D, Simon, John. V. Jr
12.15 STREET ADDRESS		13.15 STREET ADDRESS	
12.16 CITY, ST, ZIP		13.16 CITY, ST, ZIP	
12.17 TITLE		13.17 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12.18 NAME		13.18 NAME	
12.19 STREET ADDRESS		13.19 STREET ADDRESS	
12.20 CITY, ST, ZIP		13.20 CITY, ST, ZIP	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws 199 (2) (a), Florida Statutes. I further certify that the information is not used in this annual report or supplemental annual report as 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 issue this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 of this report as an officer or director with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
Charles A. Baker, Jr.

4-25-95

813-248-3878

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CORPORATION  
ANNUAL REPORT  
1995



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

APPROVED  
FILED

DOCUMENT # **L41307**

(4)

**RICK'S BODYWORKS, INC.**

APR 27 1995 3:57  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**294 E GENEVA ST  
OCOOEE FL 34761-2904**

Mailing Address  
**294 E GENEVA ST  
OCOOEE FL 34761-2904**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/04/1990** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3003293** Applied For  Not Applicable

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

6. Election Campaign Financing Trust Fund Contribution  **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under the 1993 US Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State Apt # etc 26 State Apt # etc  
22 City & State 27 City & State  
24 City 25 State 29 City 30 State

**9. Name and Address of Current Registered Agent**

**ROZEMA, RICHARD  
294 E GENEVA ST  
OCOOEE FL 33607**

**10. Name and Address of New Registered Agent**

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 obligation of Section 607.0515, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	NAME <b>ROZEMA, RICHARD A</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>294 EAST GENEVA STREET</b>	CITY, ST, ZIP <b>OCOOEE FL</b>	1. NAME	
		1. STREET ADDRESS	
		1. CITY, ST, ZIP	
2. TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY, ST, ZIP		2. CITY, ST, ZIP	
3. TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY, ST, ZIP		3. CITY, ST, ZIP	
4. TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY, ST, ZIP		5. CITY, ST, ZIP	
6. TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.0515, Florida Statutes. I further certify that the information submitted as the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made personally. I am an officer or director of the corporation or the recorder or master empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an alternate with an address.

SIGNATURE: *Richard Rozema*  
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

4/30/95