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PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # L63280 (6)

1. Corporation Name

MALIBU BODY SHOPS, INC.



Principal Place of Business

Mailing Address

C/O STEVEN A. SPILETIC C/O Kim Clark
4880-A DISTRIBUTION COURT 6140 Hoffner Road
ORLANDO FL 32822 ORLANDO, FL 32822 ORLANDO FL 32822

2. Principal Place of Business

2a. Mailing Address

21 6140 Hoffner Ave. 26 6140 Hoffner Ave.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

City & State

23 Orlando, FL

28 Orlando, FL

Zip Country

Zip Country

24 32822

25

29 32822

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9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

SPILETIC, STEVEN A.
4880-A DISTRIBUTION COURT
ORLANDO FL 32822

81 Name

Joseph Sirgo, Jr.

82 Street Address (P.O. Box Number is Not Acceptable)

6140 Hoffner Ave.

83

84

City Orlando

FL

85 Zip Code 32822

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

X Mary D. Sirgo

(Signature typed or printed name of registered agent and firm, if applicable)

(NOTE: Registered Agent signature required when reinstating)

DATE

2/26/96

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE D
NAME SIRGO, JOSEPH M. JR.
STREET ADDRESS 4 CHATEAU TRIANON DR.
CITY-ST-ZIP KENNER LA

TITLE D
NAME SIRGO, MARY D. JR.
STREET ADDRESS 4 CHATEAU TRIANON DR.
CITY-ST-ZIP KENNER LA

TITLE D
NAME SPILETIC, STEVEN A.
STREET ADDRESS 5725 GATLIN AVENUE #327
CITY-ST-ZIP ORLANDO FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

1.1 TITLE
1.2 NAME
1.3 STREET ADDRESS
1.4 CITY-ST-ZIP

2.1 TITLE
2.2 NAME
2.3 STREET ADDRESS
2.4 CITY-ST-ZIP

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

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

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

6.1 TITLE
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 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

X Mary D. Sirgo

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

2/26/96

Daytime Phone #

CR2E034 (12/95)