## 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 #** 

M66930

(2)

HARD BODIES OF PINELLAS PARK, INC.

FILED Mar 19 1996 8:00 am Secretary of State



Principal Place	of Business	Mailing Address	Mailing Address			
9208 ULMERTON ROAD LARGO FL 34641		9206 ULMERTON RD LARGO FL 34641				
US		US			3. Date Incorporated or Qualified 02/03/1988	3a. Date of Last Report 08/08/1995
2. Principal Pla	ce of Business	2a. Mailing Address			4. FEI Number	Applied For
21		26			59-2871519	Not Applicable
Suite, Apt. #, etc.		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional	
22		27			Fee Required	
City & State		City & State		6. Election Campaign Financing	\$5.00 May Be	
23		28			Trust Fund Contribution	Added to Fees
Zip <b>24</b>	Country 25	Zip 29	Country 30	1	This corporation has liability for Florida Statutes	; <b>Ì</b> Ş <b>(</b> No
<u> </u>	9. Name and Address of Currer	nt Registered Agent			10. Name and Address of New F	Registered Agent
			81	Name		
GINA GI			82	Street Add	ress (P.O. Box Number is Not Acceptal	ole)
9208 UL	MERTON ROAD					
LARGO	FL 34641		83			
			84	City		85 Zip Code
44 0	Manual Continue 607 0501	2 and CO7 1500. Florida Stated	les the sharp	normad corno	ration submits this statement for the pu	• •
or registere familiar with SiGNATURE	ed agent, or both, in the State of Flori n, and accept the obligations of, Sec	ida. Such change was authoriation 607.0505, Florida Statute	zed by the corp s.	oration's boa	ard of directors. Thereby accept the app	pointment as registered agent. I am
	Signature, typed or printed name of registered agen		OTE: Registered Ag:	nt signature require		DATE STREET OF A 11 40
12.	PST OFFICERS AN	ID DIRECTORS DELETE	13.		ADDITIONS/CHANGES TO OFF	ICERS AND DIRECTORS IN 12  Change Addition
TITLE	GRILLO, GINA	["] DECEIE				Change C Addition
NAME	9208 ULMERTON RD		1.2 NAME	T 40000000		
STREET ADDRESS	LARGO FL			T ADDRESS		
CITY-ST-ZIP TITLE	DANGO FE	☐ DELETE	1.4 CITY - 2 1 TITLE	SI-ZIP		Change Addition
NAME		L.J occert	2 2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			2.4 CITY-			
TITLE		☐ DELETE	3. 1 TITLE	<del>31 2"</del>		Change Addition
NAME		<b></b>	3.2 NAME			
STREET ADDRESS				T ADDRESS		
CITY-ST-ZIP			3.4 CITY -	1		
TITLE		☐ DELETE	4. 1 11TLE			Change Addition
NAME			4.2 NAME			
STREET ADDRESS			4.3 STREE	I ADDRESS		
CITY-ST-ZIP			4.4 CITY -			
TITLE		☐ DELETE	5. 1 TITLE			Change Addition
NAME			5 2 NAME			
STREET ADDRESS			5 3 STREE	T ADDRESS		
CITY-ST-ZIP			5.4 CHTY-	ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE			Change Addition
NAME			62 NAME			
STREET ADDRESS			6.3 STREE	T ADDRESS		
CITY - ST - ZIP			6.4 CITY-			
14. I do hereb	y certify that the information supplied	with this filing is voluntarily fur			for the exemption stated in Section 119	9.07(3)(k), Florida Statutes. I further

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

GNATURE AND TYPED ON PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3-15-96

813-588-9044 Daytime Phone #