FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

PROFIT CORPORATION ANNUAL REPORT



Sandra B. Mortham Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #**1. Corporation Name P93000007483 (9)

FILED May 11 1998 8:00am Secretary of State

BODY	ELITE, INC.				
				A DECEMBER AND LEAST SIGN CONTRACTOR CONTRACTOR	111 100 11 01001 10160 110 1001
Principal Plac	e of Business	Mailing Address		- I LOOKINGE TIIN KALAL EININ BOINT DAVIK ODINI ODINI 50	ILEE ERMON MINUN INNON USSA 1401
1408 N. WEST	TSHORE BLVD.	1408 N. WESTSHORE BLV	7 D.		
8TE. 140 STE. 140			-	DO NOT WRITE IN THE	
TAMPA FL 33607		TAMPA FL 33607		DO NOT WRITE IN THIS	SPACE
				3. Date Incorporated or Qualified	
2. Principal P	Place of Business	2a. Mailing Address		01/22/1993 4. FEI Number	Applied For
-		26		T	Applied For Not Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.		59-3165813	\$8.75 Additional
22		27		5. Certificate of Status Desired	Fee Required
City & State		City & State		8, Election Campaign Financing	\$5.00 May Be
23		28		Trust Fund Contribution	Added to Fees
Zip	Country	7 p	Country	8. This corporation owes or has paid the co	urrent year Intangible
24	25		30	Personal Property Tax due June 30.	Yes No
	g. Name and Address of Curren	nt Registered Agent		10. Name and Address of New Registered	l Agent
	ITH, H STRATTON III		B1 Name		
611 W AZEELE ST			82 Street Addre	ess (P.O. Box Number is Not Acceptable)	
	E, 140				
TAN	MPA FL 33606		83		
			84 City		85 Zip Code
44 Durguent	to the previous of Sections 507 050	2 and 607 4500 Flatida Oct. 4		FI	<u>- </u>
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.					
agent. I a	m familiar with, and accept the obliga	ations of, Section 607,0505, Flo	rida Statutes.	,	,
SIGNATURE	Signature, typed or printed name of registered age	rd and the it englantile MOTE	Decidend beautiful and a		
12.	OFFICERS AND		Registered Agent signature required 13.	d when reinstaling) DATE ADDITIONS/CHANGES TO OFFICERS AN	ID DIDECTODS IN 12
TITLE	PSTD	DELETE	1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS AN	Change Addition
NAME	DENOVELLIS, CHRISTINE		1.2 NAME		
STREET ADDRESS			1.3 STREET ADDRESS		
CITY-ST-ZIP	TAMPA FL 33607		1.4 CITY - ST - ZIP		
TITLE		DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME			2.2 NAME		
STREET ADDRESS	i L		2.3 STREET ADDRESS		
CITY-ST-ZIP			2.4 CITY-ST-ZIP		
TITLE		DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME			3.2 NAME		
STREET ADDRESS			3.3 STREET ADDRESS		
CITY-ST-ZIP			3.4. CITY-ST-ZIP		
TITLE		☐ DELETE	4.1 TOTLE		☐ Change ☐ Addition
NAME			4. 2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP	· · · · · · · · · · · · · · · · · · ·		4.4 CHTY-ST-ZIP		
TITLE		☐ DELETE	5.1 THTUE		Change Addition
HAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			54 CITY-ST-ZIP		
TITLE		☐ DELETE	6 1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY - ST - ZIP		

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this annual report or supplient 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 of 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 no an attachment with an address.

SIGNATURE:

813-289-2582