

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

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

'95 MAR 16 AM 10:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000046324 (8)

1. Corporation Name

THE BIOELECTRIC BODY INC.

Principal Place of Business

5025 S HWY A1A
MELBOURNE BCH. FL 32951

Mailing Address

P O BOX 510604
MELBOURNE BCH. FL 32951
US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified

06/24/1993

3a. Date of Last Report

04/25/1994

4. FEI Number

59-3189456

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 S. 199.032,
Florida Statutes ☐ Yes ☒ No

2. Principal Place of Business

21 170 Bayshore Drive

2a. Mailing Address

26

Suite, Apt. #, etc.

22 City & State

23 Melbourne Beach FL

27 City & State

28

24 Zip

32951

25 Country

USA

29 Zip

30

Country

9. Name and Address of Current Registered Agent

BECK, LINNETTE
5025 S HWY A1A
MELBOURNE BCH. FL 32951

10. Name and Address of New Registered Agent

81 Name

Linnette Beck

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

170 Bayshore Drive

83

Melbourne Beach, FL

84 City

85

Zip Code

FL

32951

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

Linnette Mae Beck

2-9-95

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BECK, LINNETTE
5025 S HWY A1A
MELBOURNE BCH. FL 32951

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

D

BECK, BRIAN
5025 S HWY A1A
MELBOURNE BCH. FL 32951

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

D

Beck, Linnette
170 BAYSHORE DRIVE
Melbourne Beach, FLA 32951

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

D

Beck, Brian
170 BAYSHORE DRIVE
Melbourne Beach, FLA 32951

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 110.07(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:

Linnette Mae Beck

2/9/95

407-724-6475

SIGNATURE AND TYPED OR PRINTED NAME OF ISSUING OFFICER OR DIRECTOR

(Title)

Signature/Phone #