

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

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P94000046918 (6)

1. Corporation Name

A NU BOD, INC.



Principal Place of Business

C/O A NU YOU SALON & SPA
5935 S UNIVERSITY DRIVE
DAVIE FL 33328

Mailing Address

C/O A NU YOU SALON & SPA
5935 S UNIVERSITY DRIVE
DAVIE FL 33328

2. Principal Place of Business

21 5131 S. University Drive
Suite, Apt. #, etc.

22

City & State

23 Plantation, FL

Zip

24 33328

Country

25 BROWARD

2a. Mailing Address

26 5131 S. University DR
Suite, Apt. #, etc.

27

City & State

28 Plantation, Florida

Zip

29 33328

Country

30 BROWARD

3. Date Incorporated or Qualified

06/22/1994

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0512985

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

9. Name and Address of Current Registered Agent

TAYLOR, JAMES JR
5935 S UNIVERSITY DR
DAVIE FL 33328

10. Name and Address of New Registered Agent

81 Name

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

5131 S. UNIVERSITY DR.

83

84 City

Davie

FL

85 Zip Code

33328

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

James Taylor Jr.

2091 Registered Agent's signature required when registering.

DATE

8/1/96

12. OFFICERS AND DIRECTORS

TITLE ☐ DELETE

NAME VPT
SCHARY, SHARI S
STREET ADDRESS 784 NW 92ND AVE
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME PSD
TAYLOR, JAMES JR
STREET ADDRESS 784 N.W. 92 AVENUE
CITY-ST-ZIP PLANTATION FL

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ DELETE

NAME
STREET ADDRESS
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☒ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP

5131 South University Drive
Davie, Florida 33328

2.1 TITLE

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP

5131 South University Drive
Davie, Florida 33328

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:

James Taylor Jr.
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DATE

8/1/96

954-680-6867

DAYTIME PHONE

CR2E034 (12/95)