

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

CORPORATION
ANNUAL REPORT
1995



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

DOCUMENT # P94000048746 (9)

1. Corporation Name

FLORIDA BODY WORKS, INC.

Principal Place of Business
130 CARRIAGE HILL DRIVE
CASSELBERRY FL 32707

Mailing Address
130 CARRIAGE HILL DRIVE
CASSELBERRY FL 32707

APPROVED
AND
FILED

95 MAY -1 PM 8:13

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified 07/01/1994	3a. Date of Last Report
4. FC Number 59-3252607	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	
10. Name and Address of New Registered Agent	

2. Principal Place of Business	2a. Mailing Address
21. Suite, Apt. #, etc.	26. Suite, Apt. #, etc.
22. City & State	27. City & State
23. Zip	28. Zip
24. Country	29. Country

9. Name and Address of Current Registered Agent

COSTANTINO, EDWARD
130 CARRIAGE HILL DRIVE
CASSELBERRY FL 32707

01. Name
02. Street Address (P.O. Box Number is Not Acceptable)
03.
04. City
05. Zip Code

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

(Signature) (Typed or printed name of registered agent and title of registered agent)

(Signature) (Typed or printed name of registered agent and title of registered agent)

(Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	PST
NAME	COSTANTINO, EDWARD	1.2 NAME	
STREET ADDRESS	130 CARRIAGE HILL DRIVE	1.3 STREET ADDRESS	
CITY, ST, ZIP	CASSELBERRY FL 32707	1.4 CITY, ST, ZIP	
TITLE	D	2.1 TITLE	V
NAME	COSTANTINO, CHRISTINE M	2.2 NAME	
STREET ADDRESS	130 CARRIAGE HILL DRIVE	2.3 STREET ADDRESS	
CITY, ST, ZIP	CASSELBERRY FL 32707	2.4 CITY, ST, ZIP	
TITLE		3.1 TITLE	
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY, ST, ZIP		3.4 CITY, ST, ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY, ST, ZIP		4.4 CITY, ST, ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY, ST, ZIP		5.4 CITY, ST, ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY, ST, ZIP		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)(b), 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

EDWARD COSTANTINO Edward Costantino

4-25-95

(407) 422-6732