

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

FILED

May 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997

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

DOCUMENT # P94000048746 (9)

1. Corporation Name
Florida Body Works, Inc.

Principal Place of Business Mailing Address

| | | | | | | | |
|--------------------------------|--|-----------------------|--|---|--|--------------------------------|--|
| 2. Principal Place of Business | | 28. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 1231 W Robinson St | | 26 1231 W Robinson St | | 7/1/94 | | | |
| 22 Suite, Apt. #, etc | | 27 Suite, Apt. #, etc | | 4. FEI Number | | Applied For | |
| 23 Orlando FL | | 28 Orlando FL | | 59-3252607 | | Not Applicable | |
| 24 32805 | | 29 32805 | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 25 Country | | 30 Country | | 6. Election Campaign Financing | | \$5.00 May Be Added to Fees | |
| | | | | Trust Fund Contribution | | <input type="checkbox"/> | |
| | | | | 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | | | |
| | | | | <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| Costantino Edward | | | | 81 Name Costantino Edward | | | |
| 130 Carriage Hill Drive | | | | 82 Street Address (P.O. Box Number is Not Acceptable) 130 Carriage Hill Drive | | | |
| Casselberry FL 32707 | | | | 83 | | | |
| | | | | 84 City Casselberry FL 85 Zip Code 32707 | | | |

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 obligation of, Section 607.0505, Florida Statutes.

SIGNATURE *Edward Costantino* *Edward Costantino* DATE 4-25-97

| | | | | | | | |
|--|--|--|--|---|--|--|--|
| 12. OFFICERS AND DIRECTORS | | | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 1.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME Costantino Edward | | | | 1.2 NAME | | | |
| STREET ADDRESS 130 Carriage Hill Drive | | | | 1.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP Casselberry, FL 32707 | | | | 1.4 CITY-STATE-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME Costantino Christine M | | | | 2.2 NAME | | | |
| STREET ADDRESS 130 Carriage Hill Drive | | | | 2.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP Casselberry, FL 32707 | | | | 2.4 CITY-STATE-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 3.2 NAME | | | |
| STREET ADDRESS | | | | 3.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | | 3.4 CITY-STATE-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 4.2 NAME | | | |
| STREET ADDRESS | | | | 4.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | | 4.4 CITY-STATE-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 5.2 NAME | | | |
| STREET ADDRESS | | | | 5.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | | 5.4 CITY-STATE-ZIP | | | |
| TITLE <input type="checkbox"/> DELETE | | | | 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition | | | |
| NAME | | | | 6.2 NAME | | | |
| STREET ADDRESS | | | | 6.3 STREET ADDRESS | | | |
| CITY-STATE-ZIP | | | | 6.4 CITY-STATE-ZIP | | | |

14. I do 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 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, on an attachment with an address.

SIGNATURE *Edward Costantino* DATE 4-25-97 DAYTIME PHONE 407-822-6732

CR2E034 (9/96)