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FILED

Jan 29 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 # P94000054343 (6)

1. Corporation Name  
ARTISTIC BODY WORKS, INC.

Principal Place of Business  
5575 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839

Mailing Address  
5575 SOUTH ORANGE BLOSSOM TRAIL  
ORLANDO FL 32839-2663

3. Date Incorporated or Qualified 07/22/1994  
3a. Date of Last Report 01/24/1996

2. Principal Place of Business  
21 4285 N. ATLANTIC AVE.  
Suite, Apt. #, etc.

2a. Mailing Address  
26 4285 N. ATLANTIC AVE.  
Suite, Apt. #, etc.

4. FEI Number 59-3256489  
Applied For Not Applicable

22 City & State  
23 COCOA BEACH, FL

27 City & State  
28 COCOA BEACH, FL

5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required

24 Zip 32931 25 Country USA

29 Zip 32931 30 Country USA

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

B&C CORPORATE SERVICES OF CENTRAL FLORIDA  
300 NORTH ORANGE AVE.  
SUITE 1100  
ORLANDO FL 32801

10. Name and Address of New Registered Agent

81 Name EDWARD MADIGAN  
82 Street Address (P.O. Box Number is Not Acceptable) 407 POLK AVENUE  
83  
84 City CAPE CANAVERAL FL 85 Zip Code 32920-4443

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 EDWARD MADIGAN *Edward Madigan* 1-209  
Signature typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIERSON, JOHN K	
STREET ADDRESS	5575 SOUTH ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE	D	<input checked="" type="checkbox"/> DELETE
NAME	PIERSON, ROBYNE S	
STREET ADDRESS	5575 SOUTH ORANGE BLOSSOM TRAIL	
CITY-ST-ZIP	ORLANDO FL 32839	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	MADIGAN, EDWARD	
1.3 STREET ADDRESS	407 POLK AVENUE	
1.4 CITY-ST-ZIP	CAPE CANAVERAL, FL 32920-4443	
2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-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, or on an attachment with an address.

SIGNATURE: *Edward Madigan* (407) 799-1630  
Signature and typed or printed name of signing officer or director Date Daytime Phone #

CR2E034 (9/96)