

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

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 32839-2883

2. Principal Place of Business

21 4285 N. ATLANTIC AVE.

2a. Mailing Address

26 4285 N. ATLANTIC AVE.

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22

27

City & State

23 COCOA BEACH, FL

City & State

28 COCOA BEACH, FL

Zip

24 32931

Country

25 USA

Zip

29 32931

Country

30 USA

26

27

9. Name and Address of Current Registered Agent

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

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.

EDWARD MADIGAN

*Edward Madigan 1-205*

DATE

SIGNATURE

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

(NOTE: Registered Agent signature required when re-registering)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	D <input checked="" type="checkbox"/> DELETE	1.1 TITLE <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, JOHN K	1.2 NAME
STREET ADDRESS	5575 SOUTH ORANGE BLOSSOM TRAIL	1.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32839	1.4 CITY-ST-ZIP
TITLE	D <input checked="" type="checkbox"/> DELETE	2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIERSON, ROBYNE S	2.2 NAME
STREET ADDRESS	5575 SOUTH ORANGE BLOSSOM TRAIL	2.3 STREET ADDRESS
CITY-ST-ZIP	ORLANDO FL 32839	2.4 CITY-ST-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-ST-ZIP		3.4 CITY-ST-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-ST-ZIP		4.4 CITY-ST-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-ST-ZIP		5.4 CITY-ST-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-ST-ZIP		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*

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

(407) 799-1630

Date

Daytime Phone #

000437

CR2E034 (9/96)