CORF ANNUA	ROFIT PORATION AL REPORT 997	r N	Sandra I Secreta	RTMENT OF STATE 3. Mortham Iry of State CORPORATIONS	Apr 28 19 Secretar		
Principal Place 600 NORTH 6TH SUITE 2 LANTANA FL 334 US	CH'S BODY SHOP, INC. of Business STREET	Mailing A 1406 HIL L		034	3. Date Incorporated or Qualified	3a. Date of Last	
9 Drinoinal Dia	on of Rusingson	De Maller	a Aslahana		12/13/1994 4. FEI Number	04/26/1996	
2. Principal Place		2a. Mailin 26	y Audress		4. FEI Number 65-0543324	-+	pplied For lot Applicab
Sulte, Apt. #,	etc.	Suile,	Apt. #, etc.		5. Certificate of Status Desired	\$8.75	Additional
City & State		27 City &	State		6. Election Campaign Financing	\$5.00	Nay Be
23 Zip	Country	28 Zip		Country	Trust Fund Contribution 8. This corporation has liability for		to Fees
24	25 9. Name and Address of Curre	29		30		Yes No	
11. Pursuant to		02 and 607.1508	3, Florida Statu	83 84 City tes, the above-named co	rporation submits this statement for the		Code its registere
11. Pursuant to office or reg agent. I am	the provisions of Sections 607.05 pistered agent, or both, in the Stat familiar with, and occupit the oblig pature, typed or printed name of registered ag	gorn and title if Ropl cal		84 City	rporation submits this statement for the ation's board of directors. I hereby acce		
11. Pursuant to office or reg agent. I am SIGNATURE 51	the provisions of Sections 607.05 pistered agent, or both, in the Stat familiar with, and occupi the oblig gnature, typed or printed name of registered ag OFFICERS Af		ole (NO	B4 City City tes, the above-named cou authorized by the corpora orida Statutes. Frigislated Agent signature requ 13.		DATE	its registere s registered RS IN 12
11. Pursuant to office or reg agent. I am SIGNATURE 12. TITLE NAME STREET ADDRESS	the provisions of Sections 607.05 pistered agent, or both, in the Stat familiar with, and occupit the oblig pature, typed or printed name of registered ag	gorn and title if Ropl cal		B4 City City tes, the above-named cor authorized by the corpora orida Statutes. Fregistered Agent signature requ	ured when reinstating)	PL	its registered s registered RS IN 12
11. Pursuant to office or reg agent. I am SIGNATURE 12. TITLE NAME STREET ADORESS CITY-ST-ZIP TIFLE NAME STREET ADORESS	the provisions of Sections 607.05 gistered agent, or both, in the Stat familiar with, and except the oblig grature, typed or printed name of registered ag OFFICERS AN PD GRUMBACH, BARBARA 1406 HILLCREST DR LAKE WORTH FL VD GRUMBACH, RALPH F JR 1406 HILLCREST DR	gorn and title if Ropl cal	ole (NO	B4 City Ees, the above-named con authorized by the corpora orida Statutes. Fogistered Agent signature requ 13. 1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZiP 2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS	ured when reinstating)	DATE	its registered s registered RS IN 12
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