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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

	1998	6 /	DIVISION OF CO	RPORATIONS		j or state
DOCUMENT # P95000040644 (3) BODY BUSINESS, INC.						
					<u> </u>	318 11 83 118 8 1111 8 1811 8 181 1881
Principal Place	e al Businose	Mailing	Address			
Principal Place of Business See Cox CLEN WAY LAKE WORTH FL 80463 PL 33414 US Mailing Address Mailing Address						
LAKE-WORTH	FLOORS WELLINGTON	L AKE W)Y-GLEN WAY 'ORTH-FL-83483	SAME		
US	PL 33414 ,	US	ス	J. (1 · · · · · ·	DO NOT WRITE IN TH	HIS SPACE
	`				3. Date Incorporated or Qualified	
2. Principal P	lace of Business	2a. Maitir	ig Address		04/08/1995 4. FEI Number	Applied For
21		26	9		65-0604297	Not Applicable
Suite, Apt.	#, etc.		Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional
22		27			5. Certificate of Status Desired	Fee Required
City & State	e	h '	3 State		6. Election Campaign Financing	\$5.00 May Be
Zip	Country	[28] Zip		Country	Trust Fund Contribution	Added to Fees
24	25	29	30	7	This corporation owes or has paid the Personal Property Tax due June 30.	Current year Intangible No
	9. Name and Address of Curren			1	10. Name and Address of New Register	
DILEVO, DENISE A 81 Name						
5989 GOY OLEN WAY 1019 SWEET BRIAR PLACE Street Address (P.O. Box Number is Not Acceptable) LAKE WORTH FL 33463 WELLINGTON PL 33414						
LAH	KE WORTH FL 334 63 WELLI I	1670n	PL 33411	4	<u>'</u>	
			•	83		
				84 City		85 Zip Code
11. Pursuant t	to the provisions of Sections 607.0502	2 and 607.150	8, Florida Statutos,	the above-named corp	poration submite this statement for the purpos	o 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 punted name of registered age:			egistered Agent signature requi		
TITLE	OFFICERS AND	TIME CTORS	DELETE	13. 1.1 TITLE	ADDITIONS/CHANGES TO OFFICERS	Change Addition
NAME	DILEVO, DENISC			1.2 NAME		
STREET ADDRESS	5989 COY GLEN WAY 1019	SWEET	BRIAR Pl.	1.3 STREET ADDRESS		
CITY-ST-ZIP			FL 33414	1.4 CITY - ST - ZIP		
TITLE			DELETE	2.1 TITLE		☐ Change ☐ Addition
NAME				2.2 NAME		
STREET ADDRESS				2.3 STREET ADDRESS		
CITY-ST-ZIP				2. 4 CITY-ST-ZIP		
TITLE			☐ DELETE	3.1 TITLE		Change Addition
NAME				3.2 NAME		
STREET ADDRESS				3.3 STREET ADDRESS		
CITY-ST-ZIP TITLE			DELETE	3.4. CITY - ST - ZIP 4.1 TITLE		Change Addition
NAME				4. 2 NAME		
STREET ADDRESS				4.3 STREET ADDRESS		
CITY-ST-ZIP				4.4 CITY - ST - ZIP		<u>. </u>
TITLE			DELETE	5.1 TITLE		Change Addition
NAME				5.2 NAME		
STREET ADDRESS				5.3 STREET ADDRESS		
CITY-ST-ZIP			DELETE	5.4 CITY-ST-ZIP		(A)
TITLE			DELETE	6.1 T(TLE		Change Addition
NAME				6.2 NAME		
STREET ADDRESS			ĺ	6.3 STREET ADDRESS		

14. Thereby 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 13 if changed, or on an attachment with an address.

FILED
May 13 1998 8:00am
Secretary of State

B2F024 (10/97