FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT 1996

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

DOCUMENT # P95000056472 (0)

1. Corporation Name
THE BODY MAINTENANCE CENTER, INC.

Principal Place of Business
560 BROADWAY
LONGBOAT KEY FL 34228

Mailing Address
560 BROADWAY
LONGBOAT KEY FL 34228

2. Principal Place of Business
21 5610 Gulf of Mexico Dr
Suite, Apt. #, etc.
22 Suite #4
City & State
23 Longboat Key FL
Zip 24 34228 County 25 USA

2a. Mailing Address
26 5610 Gulf of Mexico Dr
Suite, Apt. #, etc.
27 Suite #4
City & State
28 Longboat Key FL
Zip 29 34228 Country 30 USA

3. Date Incorporated or Qualified: 07/21/1995
3a. Date of Last Report: N/A
4. FEI Number: 65-0605523 [ ] Applied For [ ] Not Applicable
5. Certificate of Status Desired [ ] $8.75 Additional Fee Required
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
WOLFE, LARRY
200-A JOHN KNOX ROAD
TALLAHASSEE FL 32303-6643

10. Name and Address of New Registered Agent
81 Name: GAIL CLIFTON
82 Street Address (P.O. Box Number is Not Acceptable): 560 Broadway
83
84 City: Longboat Key FL 85 Zip Code 34228

11. Pursuant to the provisions of Sections 607.0502 and 617.0502, 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. SIGNATURE: I hereby accept the appointment as registered agent. I am familiar with and accept the obligations of Section 607.0505, Florida Statutes.

SIGNATURE: Gail Clifton, Pres. 4/1/96

12. OFFICERS AND DIRECTORS

TITLE	D	[ ] DELETE
NAME	DRIZOS, NICHOLAS	
STREET ADDRESS	560 BROADWAY	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE	D	[ ] DELETE
NAME	CLIFTON, GAIL	
STREET ADDRESS	560 BROADWAY	
CITY-ST-ZIP	LONGBOAT KEY FL 34228	
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		[ ] DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1 TITLE	[ ] Change	[ ] Addition
1 NAME		
1 STREET ADDRESS		
1 CITY-ST-ZIP		
2 TITLE	[ ] Change	[ ] Addition
2 NAME		
2 STREET ADDRESS		
2 CITY-ST-ZIP		
3 TITLE	[ ] Change	[ ] Addition
3 NAME		
3 STREET ADDRESS		
3 CITY-ST-ZIP		
4 TITLE	[ ] Change	[ ] Addition
4 NAME		
4 STREET ADDRESS		
4 CITY-ST-ZIP		
5 TITLE	[ ] Change	[ ] Addition
5 NAME		
5 STREET ADDRESS		
5 CITY-ST-ZIP		
6 TITLE	[ ] Change	[ ] Addition
6 NAME		
6 STREET ADDRESS		
6 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: Gail Clifton 4/1/96 941 383-3955
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)