

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
AMOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

013104

PROFIT  
CORPORATION  
ANNUAL REPORT  
1999



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State  
DIVISION OF CORPORATIONS

FILED

90 JUL 13 PM 1:25

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DOCUMENT # P95000074623

1. Corporation Name

BODY BIZZ HEALTH & FITNESS CENTER OF PENSACOLA, INC.

Principal Place of Business

801 E CERVANTES  
PENSACOLA FL 32501  
US

Mailing Address

801 E CERVANTES  
PENSACOLA FL 32501  
US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

09/27/1995

4. FEI Number

59-3356542

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 owes the current year  
Intangible Personal Property.

Yes No

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current Registered Agent

SHARP, CASSANDRA L  
4600 SKYLINE DRIVE  
PENSACOLA FL 32503

10. Name and Address of New Registered Agent

81 Name Sharp, Cassandra L  
82 Street Address (P.O. Box Number is Not Acceptable)  
3109 Waterview Dr  
83  
84 City Milton FL 85 Zip Code 32583

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 Cassandra L Sharp, Pres.

7/5/99

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	DELETE
NAME	SHARP, CASSANDRA L	
STREET ADDRESS	4600 SKYLINE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
TITLE	D	DELETE
NAME	SHARP-STRAWN, NANCY	
STREET ADDRESS	4600 SKYLINE DR	
CITY-ST-ZIP	PENSACOLA FL	
TITLE	D	DELETE
NAME	MCKENZIE, ERAENA A	
STREET ADDRESS	4600 SKYLINE DRIVE	
CITY-ST-ZIP	PENSACOLA FL 32503	
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

1.1 TITLE	P/5/T	Change Addition
1.2 NAME	Sharp, Cassandra L	
1.3 STREET ADDRESS	3109 Waterview	
1.4 CITY-ST-ZIP	Milton FL 32583	
2.1 TITLE	VP	Change Addition
2.2 NAME	Sharp-Strawn, Nancy	
2.3 STREET ADDRESS	7707 Panton Ln	
2.4 CITY-ST-ZIP	Spring TX 77389	
3.1 TITLE		Change Addition
3.2 NAME		
3.3 STREET ADDRESS	800002940508--3	
3.4 CITY-ST-ZIP	-07/23/99--01091--004	
4.1 TITLE	*****550.01 *****550.00	Change Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		Change Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		Change Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I 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:

Cassandra L Sharp, Pres.

7/5/99

850-438-0111

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (5/99)