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

29

Name and Address of Current Registered Agent

PROFIT CORPORATION ANNUAL REPORT

1998



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

P95000076972 (5) DOCUMENT #

BODY SPORTS, INC.

25

STAGGS, BARRY H 6851 CRESTLINE DRIVE

JACK**SO**NVILLE FL 32211

24

SIGNATURE

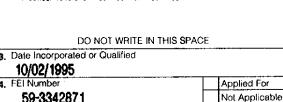
STREET ADDRESS

City-ST-7IP

Mailing Address Principal Place of Business 8651 CRESTLINE DRIVE 6651 CRESTLINE DRIVE JACKSONVILLE FL 32211 JACKSONVILLE FL 32211 3. Date Incorporated or Qualified 10/02/1995 2a, Mailing Address 4, FEI Number Principal Place of Business 59-3342871 21 26 Suite, Apt. #, etc. Suite, Apt. #, etc. 5. Certificate of Status Desired 22 27 City & State City & State 6. Election Campaign Financing 23 Trust Fund Contribution 28 Country Zip Country Zip 8. This corporation owes or has paid the current year Intangible **ሻ** Yes Personal Property Tax due June 30.

30

FILED May 15 1998 8:00am Secretary of State



10. Name and Address of New Registered Agent

Street Address (P.O. Box Number is Not Acceptable)

\$8.75 Additional

Fee Required

\$5.00 May Be

Added to Fees

☐ No

Zip Code

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.

B1 Name

83

City

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registored Agent signature required when reinstating) DATE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12 DELETE Change Addition 1.1 TITLE TITLE STAGGS, BARRY H 1.2 NAME NAME 10459 EBBITT ROAD 1.3 STREET ADDRESS STREET ADDRESS JACKSONVILLE FL 32216 1.4 CITY-ST-ZIP CITY-ST-ZIP Addition DELETE Change 2.1 TITLE TITLE 2.2 NAME 2.3 STREET ADDRESS STREET ADDRESS 2 4 CITY-ST-ZIP CITY-ST-ZIP Change Addition DELETE 3.1 THLE TITLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY - S1 - ZIP CITY-ST-ZIP Change Addition DELETE 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-2IP CITY-ST-ZIP Addition Change DELETE 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY - ST - ZIP CITY-ST-ZIP Addition Change DELETE 6.1 TITLE TITLE 6.2 NAME NAME

14. Thereby certify that the information supplied with his 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 suppliemental 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.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP