

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # P95000079036 (6)

1. Corporation Name

MIND & BODY ENTERPRISES, INC.



Principal Place of Business

Mailing Address

C/O MS MARILYN GRAFF
6024 LE LAC RD.
BOCA RATON FL 33496

C/O MS MARILYN GRAFF
6024 LE LAC RD.
BOCA RATON FL 33496

2. Principal Place of Business

2a. Mailing Address

21

Suite Apt. #, etc.

26

Suite Apt. #, etc.

22

City & State

27

City & State

23

Zip

County

28

Zip

County

24

25

29

30

9. Name and Address of Current Registered Agent

HOMISCO INCORPORATION, INC.
222 LAKEVIEW AVE.
SUITE 800
WEST PALM BEACH FL 33401

81 Name

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

83

84 City

FL 85 Zip Code

11. Pursuant to the provisions of Sections 607.06(2) and 607.07(1), 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. Thereby, accept the appointment as registered agent of the firm named, and accept the obligations of Section 607.06(2), Florida Statutes.

SIGNATURE

12.

OFFICERS AND DIRECTORS

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
	D GRAFF, MARILYN	6024 LE LAC RD.	BOCA RATON FL 33496
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP
TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

13.

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

TITLE	NAME	STREET ADDRESS	CITY, ST, ZIP

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(g), Florida Statutes. I further certify that the information included 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 holder of a 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 attached statement with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

3/17/96

4/5/96

CR2E034 (12/95)