Mar 05, 1999 8:00 am Secretary of State

03-05-1999 90124 030 ***150.00

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State **DIVISION OF CORPORATIONS**

DOCUMENT # P95000083839

1. Corporation Name

SOUTH I	FLORIDA BODYWORKS,	INC.						
Principal Place	e of Business	Mailing Address				- \$ (00)100) tra colat oftif natif outly outly	1 (818) 11101 1818	
7091 ENVIRON BOULEVARD, UNIT 346 7091 ENVIRON BOULEVARD				346				
LAUDERHILL FL 33325 LAUDERHILL FL 33325						DO NOT WRITE IN THI	S SPACE	
						3. Date Incorporated or Qualifed		
						01/01/1996		٠
2 Principal Pi	lace of Business	2a. Mailing Address		_		4. FEI Number	Ap	plied For
21	add of Eddinoso	26				65-0617934	No	t Applicable
Suite, Apt.	#, etc	Suite, Apt. #, etc.				5. Certificate of Status Desired		Additional:
22		27	27			5. Cerdicate of Status Desired	Fee Re	quired
City & State	e	City & State	City & State			6. Election Campaign Financing	\$5.00	
23		28				Trust Fund Contribution	Added t	o Fees
Zip	Country	Zip		untry		8. This corporation owes the current year in		
24	25 29		30	30		Personal Property Tax. 10. Name and Address of New Registered	☐ Yes	
	9. Name and Address of Cu	rrent Registered Agent		81	Name	10. Name and Address of New Registered	Agent	
THE	LAW FIRM OF LAWRENCE	LISPIEGEL CHRTD		["]	ITALITO			
	ALMERIA AVENUE	O I LUCE O I II TO		82	Street Addre	ess (P.O. Box Number is Not Acceptable)		
	AL GABLES FL 33134			83			•	
00								
				84	City	F	85 Zip 6	Code
44 Diversiont	to the provinces of Sections 607	0502 and 607 1508 Florida State	ites the s	ahove	e-named como	pration submits this statement for the purpose of	of changing its	registered
office or r	egistered agent, or both, in the S	tate of Florida. Such change was	authorize	d by	the corporation	oration submits this statement for the purpose on's board of directors. I hereby accept the app	ointment as re	gistered
agent. I a	m familiar with, and accept the	bligations of, Section 607.0505, F	orida Stat	เนเอร	•	21	9.99	
SIGNATURE	Signature, typed or printed name of registers	d agent and title if applicable. (NO	TE. Registere	d Agen	nt signature required	when reinstating) DATE	<u>, , , , , , , , , , , , , , , , , , , </u>	<u></u>
12.		S AND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS A		
TITLE	PSTD DELETE		1.1 T	1.1 TITLE			Change	☐ Addition
NAME	KEYS, DEBORAH L		1.2 N	1.2 NAME				. {
STREET ADDRESS	ZOO4 CANADONI DOLII EVADD. LIMIT 040		1.3 STREET ADDRESS		F ADDRESS			ł
CITY-ST-ZIP	LAUDERHILL FL 33325		1.4 0	1.4 CITY-ST-ZIP				
TITLE		☐ DELETE						
NAME		☐ DELETE	2.1 T		ļ		Change	Addition
		☐ DELETE					Change	☐ Addition
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		☐ DELETE	2.2 N	TITLE NAME STREET CITY-S	~		Change	Addition Addition
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CITY-ST-ZIP			2.2 N 2.3 S 2.4 C 3.1 T 3.2 N	TITLE NAME STREET CITY-S TITLE NAME	~			
CITY-ST-ZIP TITLE NAME		☐ DELETE	22 N 23 S 2.40 3.1 T 32 N 3.3 S 3.4.0	TITLE NAME STREET CITY-S TITLE NAME STREET CITY-S CITY-S	ST: ZIP		Change	Addition
CITY-ST-ZIP TITLE NAME STREET ADDRESS			22 N 23 S 2.40 3.1 T 32 N 3.3 S 3.4.0	TITLE VAME STREET CITY-S TITLE STREET CITY-S TITLE	ST: ZIP			
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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, with all other like empowered.

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

SIGNATURE:

STREET ADDRESS