

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

FILED
May 21 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # P96000017063 (4)

1. Corporation Name
MIND, BODY & SOUL ENTERPRISES, INC.



Principal Place of Business
**39 E. WYNNEWOOD ROAD
 WYNNEWOOD PA 19096**

Mailing Address
**60 E. WYNNEWOOD ROAD P.O. Box 74
 WYNNEWOOD PA 19096**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business

21 State, Apt. #, etc.

22 City & State

23 Zip Country

24

25

2a. Mailing Address

26 P.O. Box 74.
 Suite, Apt. #, etc.

27 City & State

28 Wynnewood, PA
 Zip Country

29 19096

30 USA

3. Date Incorporated or Qualified

02/22/1996

4. FEI Number

65-0658879

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 or has paid the current year Intangible Personal Property Tax due June 30. Yes No

9. Name and Address of Current Registered Agent

**BRONOWICKI, RONALD J
 800 W. AVE., STE. 202
 MIAMI BEACH FL 33139**

10. Name and Address of New Registered Agent

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 607.0402 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

Signature: typed or printed name of registered agent and filed as applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE	P	<input type="checkbox"/> DELETE
NAME	VERNILLE, STEPHEN J	
STREET ADDRESS	251 W. DEKALB #B901	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	BRONOWICKI, RONALD	
STREET ADDRESS	251 W. DEKALB #B901	
CITY-ST-ZIP	KING OF PRUSSIA PA 19406	
TITLE	VP	<input type="checkbox"/> DELETE
NAME	LEESE, YEN	
STREET ADDRESS	251 W. DEKALB PIKE #13901	
CITY-ST-ZIP	KING OF PRUSSIA PA 19096	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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.

CR2E034 (10/97)