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

PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham A

FILED

Jun 03 1997 8:00am

Secretary of State

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000026415 (5)

THE PERFECT BODY SPA CORPORATION

Principal Place of Business Mailing Address												
27580 OLD 41 ROAD BONITA BPRINGS FL 33923				27580 OLD 41 ROAD	•							
								3. Date Incorporated or Qualified 03/18/1996	3a. Da	ate of La	st Repo	- rt
2. Principal Place of Business				2a. Mailing Address	2a. Mailing Address			4. FEI Number			Applie	ed For
21				26				65-067471	/			pplicable
Suite, Apt. #, etc.				27				5. Certificate of Status Desired See Required \$8.75 Additional Fee Required				
Uity & State				City & State	City & State			6. Election Campaign Financing\$5.00 May Be				
23				28				Trust Fund Contribution				
Zip	` - -1			Zip				8. This corporation has liability for intangible tax under s. 199.032,				
24		A Nome	25 29 30 30 September 20 20 20 30 30 30 30 30 30 30 30 30 30 30 30 30					Florida Statutes Yes No				
9, Name and Address of Current Registered Agent						1	. Nan-	10. Name and Address of New Reg	Iress of New Registered Agent			
		LICK, THO			l°	'	Name					
			AK DRIVE STE 400		8	2	Street Addre	ess (P.O. Box Number is Not Acceptabl	e)			
NAPLES FL 33963					83							
					Ľ	١						
					8	4	City		FL	85 2	Zip Cod	0
11. P	ureuant t	to the provis	ions of Sections 607.0	0502 and 607.1508, Florida Statu	les, the abo	ve	named corp	oration submits this statement for the pu	urnose of	changir	g its re	gistered
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, lyped or printed name of registered agent and trie if applicable (NOTE: Registered Agent signature required whon remarkating) DATE												
12.		Dig. 144.00. 1757.00		AND DIRECTORS	13.	gen	ii signatore require	ADDITIONS/CHANGES TO OFFICE		DIRECT	ORS IN	J 12
TITLE		D		DELETE	111111					Chane		Addition
NAME		DAHLMAN	INS, LEO		1.2 NAME	E					_	-
STREET A	ADDRESS		D 41 ROAD		1.3 STRE	et 4	ADDRESS					
CITY-ST	-210	BONITA S	SPRINGS FL 33923		1.4 CITY-							
TITLE		D		DELETE	2.1 TITLE				,	☐ Chang	ge L	Addition
NAME		DAHLMAN	INS, DEBORAH		2.2 NAME	£						
STREET A	ADDRESS		D 41 ROAD		2.3 STREE	E1 /	ADDRESS					}
CITY-ST	-ZIP	BONITA S	PRINGS FL 33923		2. 4 CITY	- S1	1-2IP					
TITLE				DELETE	3.1 TITLE					Chang	ge [Addition
NAME					3.2 NAME	=						
STREET A	STREET ADDRESS				3.3 STREET ADDRESS							- !
CITY-ST	-ZIP				3.4. CITY	- \$1	1-ZIP					İ
TITLE				DELETE	4.1 TITLE					☐ Chang	ge 🗆	Addition
NAME	i				4. 2 NAM	E						
STREET A	DORESS				4.3 STREE	et A	ADDRESS					ŀ
CITY-ST	-ZIP				4.4 CITY-	SI	:-ZIP					
TITLE				DELETE	5.1 TITLE					Chang	ge 🗀	Addition
NAME					5.2 NAME	:						
STREET A	ODRESS				5.3 STREE	ET A	ADDRESS					
CITY-ST-	-21P				5.4 CITY -	\$T	- ZIP					
TITLE				☐ DELETE	6.1 TITLE					Chang	ge 🗀	Addition
NAME					6.2 NAME							
STREET A	DORESS				6.3 STREE	1 A	ADDRESS					

14. I do 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.