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PROFIT CORPORATION ANNUAL REPORT

1997

CITY - ST - ZIP

SIGNATURE

 I do hereby certify that the information supplied with information indicated on this annual report or supplier

appears in Block 12 or Block 13 it



FLORIDA DEPARTMENT OF STATE

FILED

Feb 05 1997 8:00am

Secretary of State

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P96000051216 (5)

BODY & SOUL PRODUCTIONS, INC.

Principal Place of Business Mailing Address 1919 1/2 MORRILL ST 1919 1/2 MORRILL ST SARASOTA FL 34236-6834 SARASOTA FL 34236 3. Date incorporated or Qualified 3a. Date of Last Report 06/14/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 59-338<u>5010</u> 21 26 Not Applicable Suite, Apt. #. etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be П 23 28 Trust Fund Contribution Added to Fees ZiD Zip Country Country 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes Yes No 24 29 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name -MONICHOL TERRY W- McNicol, Terry W. 1919 1/2 MORRILL ST Street Address (P.O. Box Number is Not Acceptable) SARASOTA FL 34236 **B3** Zip Code 07.1508. Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered ta. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered 11. Pursuant to the provisions of Sect office or registe Florida Statutes. SIGNATURE Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS 12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. Terry W. Mc Nicol DELETE Change Addition 1.1 TITLE TITLE NAME 1.2 NAME 1919 1/2 MORRILL ST. STREET ADDRESS 1.3 STREET ADDRESS SARASOTA, FL, 34236 CITY - ST - ZIP 14 CITY-ST-ZIP DELETE Change Addition 2.1 TITLE TITLE NAME 2.2 NAME STREET ADDRESS 2.3 STREET ADDRESS 2 4 CITY-ST-ZIP CITY - ST - ZIP DELETE Change Addition TITLE 31 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADORESS 3.4. CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 4.1 TITLE TITLE NAME 4. 2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY - ST-7IP DELETE Change Addition 5.1 TITLE TITLE NAMÉ 5.2 NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP DELETE 6.1 TITLE ☐ Change Addition TITLE NAME 6.2 NAME STREET ADDRESS 6.3 STREET ADDRESS

64 CITY-ST-ZIP

Yiling dows not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the state annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that yer on trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name