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Aug 29 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000061886 (3)**

1. Corporation Name
BODY RAP PRODUCTS INC.

Principal Place of Business	Mailing Address
1165 SOMERSET CIRCLE DUNEDIN FL 34698	POST OFFICE BOX 1214 DUNEDIN FL 34697-1214

3. Date Incorporated or Qualified: 07/24/1996
3a. Date of Last Report:

2. Principal Place of Business
21: 190 PATRICIA AVE
22: Suite, Apt. #, etc.
23: City & State: DUNEDIN FL
24: Zip: 34698 25: Country: U.S.A.

2a. Mailing Address
26: P.O. BOX 1214
27: Suite, Apt. #, etc.
28: City & State: DUNEDIN FL
29: Zip: 34698 30: Country: U.S.A.

4. FEI Number: 59-3390484 ☐ 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 has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SEALS N'SIGNATURES INC.
6822 22ND AVENUE NO STE 277
ST. PETERSBURG FL 33710

10. Name and Address of New Registered Agent

81 Name: SARACINI BRIAN
82 Street Address (P.O. Box Number is Not Acceptable): 1165 SOMERSET CIRCLE SOUTH
83: P.O. BOX 1214
84 City: DUNEDIN FL **FL** 85 Zip Code: 34698

11. Pursuant to the provisions of Sections 607.0502 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: BRIAN SARACINI — 8/12/97.
Signature, typed or printed name of registered agent and title if applicable. NOTE: Registered Agent signature required when reinstating. DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PRESIDENT ☐ DELETE	1.1 TITLE	☐ Change ☐ Addition
NAME	SARACINI SANDRA	1.2 NAME	
STREET ADDRESS	1165 SOMERSET CIRCLE S	1.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	1.4 CITY-ST-ZIP	
TITLE	VPDS ☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	SARACINI BRIAN	2.2 NAME	
STREET ADDRESS	1165 SOMERSET CIRCLE S	2.3 STREET ADDRESS	
CITY-ST-ZIP	DUNEDIN FL 34698	2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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.

SIGNATURE: BRIAN 8/12/97