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FILED

May 05 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 # P97000000054 (1)

1. Corporation Name

THE BODY ENERGIZED, INC.

Principal Place of Business

Mailing Address

320 WINDRUSH BLVD. STE 3  
INDIAN ROCKS BEACH FL 33785

320 WINDRUSH BLVD. STE 3  
INDIAN ROCKS BEACH FL 33785

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified

12/26/1996

4. FEI Number

59-3424968

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

2. Principal Place of Business

21 19631 GULF BLVD

Suite, Apt. #, etc.

22 City & State

23 Indian Shores FLA

24 Zip 33785

25 Country Pinellas

26 Mailing Address

27 19631 GULF BLVD

Suite, Apt. #, etc.

28 City & State

29 Indian Shores FL

30 Zip 33785

31 Country Pinellas

9. Name and Address of Current Registered Agent

GRIDLEY, MARCELLA C  
1968 BAYSHORE BLVD.  
DUNEDIN FL 34698

10. Name and Address of New Registered Agent

81 Name

82 Street Address (P.O. Box Number is Not Acceptable)

83

84 City

85 Zip Code

Robert Leonardo

320 WINDRUSH BLVD # 3

IRB, FLA FL

4/27/98

11. Pursuant to the provisions of Sections 607.02 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 title, if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE PVD ☐ DELETE

NAME LEONARDO, ROBERT A

STREET ADDRESS 320 WINDRUSH BLVD. STE 3

CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE ST ☐ DELETE

NAME LEONARDO, ROBERT A

STREET ADDRESS 320 WINDRUSH BLVD. STE 3

CITY-ST-ZIP INDIAN ROCKS BEACH FL 33785

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

TITLE ☐ DELETE

NAME

STREET ADDRESS

CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE ☐ Change ☐ Addition

1.2 NAME

1.3 STREET ADDRESS

1.4 CITY-ST-ZIP ☐ Change ☐ Addition

2.1 TITLE ☐ Change ☐ Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY-ST-ZIP ☐ Change ☐ Addition

3.1 TITLE ☐ Change ☐ Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY-ST-ZIP ☐ Change ☐ Addition

4.1 TITLE ☐ Change ☐ Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY-ST-ZIP ☐ Change ☐ Addition

5.1 TITLE ☐ Change ☐ Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY-ST-ZIP ☐ Change ☐ Addition

6.1 TITLE ☐ Change ☐ 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.

SIGNATURE

Robert Leonardo

Robert Leonardo

4/27/98

(913) 593-9692

CR2E034 (10/97)