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

**PROFIT CORPORATION** ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

## **Katherine Harris**

Secretary of State **DIVISION OF CORPORATIONS** 

## DOCUMENT # **P97000000054**

1. Corporation Name

THE BODY ENERGIZED, INC.

						C IMBITMENT SIGN IGNIS INGSIN GBILLE GRAFIL GOVERN GR	115 BRIS GRAS GOSES	BIGH BIBL IBBL
Principal Place of Business Mailing Address								
1963† GULF BLVD 19631 GULF BL								
INDIANSHORES FL 33785		INDIANSHORES FL 33285						
US		US	US			DO NOT WRITE IN THIS SPACE		
						3. Date Incorporated or Qualifed		
				_		12/26/1996	<del></del>	
2. Principal P	lace of Business	2a. Mailing Address				4. FEI Number		plied For
21		26				59-3424968	<del> </del>	t Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, e	etc.			5. Certificate of Status Desired	\$8.75 A	
22		27				J. Commodito o, Charles Doomet	Fee Re	quired
City & Stat	e	City & State				6. Election Campaign Financing	\$5.00	Мау Ве
23		28				Trust Fund Contribution	Added to	o Fees
Žip	Country	Zip	Coun	itry		8. This corporation owes the current year		
24	25	29	30			Personal Property Tax.	Yes	□No
	9. Name and Address of Curre	nt Registered Agent	1			10. Name and Address of New Register	ed Agent	
				81	Name			
LONARDO, ROBERT				82	Ctroot Add	ress (P.O. Box Number is Not Acceptable)	<del></del> _	
320	Winarvon BLVD #3			82	Street Addr	ress (F.O. Box Number is Not Acceptable)		
IRB FL 33785				83				
				84	City	F	85 Zip C	Code
				l.		poration submits this statement for the purpose		registered
office or r	to the provisions of Sections 607.056 egistered agent, or both, in the State m familiar with, and accept the obligations.	of Florida. Such chang	e was authorized	by t	he corporation	on's board of directors. I hereby accept the ap	pointment as reg	gistered
SIGNATURE								
	Signature, typed or printed name of registered age		(NOTE: Registered A	\gent	signature require		· · · · · · · · · · · · · · · · · · ·	DO 11.40
12.		ND DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS	Change	Addition
TITLE	PVD	□ DE					□ Change	☐ Add@bir (
NAME	LEONARDO, ROBERT A		1.2 NAA	Æ				
STREET ADDRESS	320 WINDRUSH BLVD. STE 3		1.3 STF	REET,	ADDRESS			
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33	785	1.4 CIT	Y-ST-	-ZIP			
TITLE	ST	☐ DE	LETE 2.1 TITL	E			Change	Addition (
NAME	aLEONARDO, ROBERT A		Z.2 NAA	иE	<del> </del>	ما المالية الم	بنيام حسرة	
STREET ADDRESS	320 WINDRUSH BLVD. STE 3		2.3 STR	EET/	ADDRESS	• •		+
CITY-ST-ZIP	INDIAN ROCKS BEACH FL 33	785	2. 4 CIT	Y-ST	r-7IP			
TITLE		☐ DE					☐ Change	Addition
			3.2 NA					
NAME					4000000			
STREET ADDRESS					ADDRESS			+
CITY-ST-ZIP			3.4. CIT		-ZIP		Change	☐ Addition
TITLE		□ DE					∐ criange	
NAME			4. 2 NA	ME				
STREET ADDRESS			4.3 STF	REET	ADDRESS			
CITY-ST-ZIP			4.4 CIT	Y-ST-	-ZIP			
TITLE		□ DE	LETE 5.1 TITE	E	1		Change	Addition
NAME			5.2 NA	ΜE				
STREET ANDRESS			5.3 STF	REET.	ADDRESS			

14. 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 repeiver 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, with all other like empowered.

5.4 CITY-ST-ZIP

6.3 STREET ADDRESS

6.4 CITY-ST-ZIP

6.1 TITLE

6.2 NAME

SIGNATURE:

STREET ADDRESS

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

TITLE

NAME

DELETE

Change

☐ Addition