

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

Amended
APPROVED AND FILED

PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

99 OCT 26 AM 10:03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **# P 97000000054**

1. Corporation Name **The Body Energized Inc.**

Principal Place of Business Mailing Address

**320 WINDRUSH BLVD
INDIAN ROCKS BEACH
FLORIDA 33785**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified
12/26/96

2. Principal Place of Business 2a. Mailing Address
320 WINDRUSH BLVD 320 WINDRUSH BLVD

4. FEI Number **59-3424968** Applied For Not Applicable

Suite, Apt. #, etc. Suite, Apt. #, etc.

5. Certificate of Status Desired \$8.75 Additional Fee Required

City & State City & State
INDIAN ROCKS BEACH, FL INDIAN ROCKS BEACH, FL

6. Election Campaign Financing Trust Fund Contribution \$5.00 May Be Added to Fees

Zip Country Zip Country
33785 PINELLAS 33785 PINELLAS

8. This corporation owes the current year intangible Personal Property Tax. Yes No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**ROBERT LONARDO
320 WINDRUSH BLVD
INDIAN ROCKS BEACH, FL
33785**

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City **FL** 85 Zip Code

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. **9/30/99**

SIGNATURE **[Signature]** DATE

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE NAME STREET ADDRESS CITY-ST-ZIP
**Robert Lonardo PRES
320 Windrush Blvd,
IRB, FL. 33785 #3**

1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP
**Steven B Smith Pres
1990 GULF BLVD
INDIAN ROCKS BEACH FLA 33785**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP
**Robert Lonardo Treasurer
320 Windrush Blvd #3
Indian Rocks Beach, FL. 33785**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP
**300003040193--6
-11/09/99--01088--001
*****61.25 *****61.25**

TITLE NAME STREET ADDRESS CITY-ST-ZIP

4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP

TITLE NAME STREET ADDRESS CITY-ST-ZIP

6.1 TITLE 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 807, 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.

SIGNATURE: **[Signature]** DATE **9/30/99** (727) 593-9230

CR2E034 (1/98)