

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

FILED  
May 12 1998 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P97000003894 (7)

1. Corporation Name

BETTER BODIES OF FORT LAUDERDALE, INC.



Principal Place of Business

169 NW 44TH STREET  
SUITE 17  
FORT LAUDERDALE FL 33309

Mailing Address

169 NW 44TH STREET  
SUITE 17  
FORT LAUDERDALE FL 33309

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 2270 WILTON DRIVE		26 3241 H SOUTH PORT ROYAL DR.		01/14/1997	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.		4. FEI Number	
23 WILTON MANORS, FL.		28 FT. LAUDERDALE, FL.		45-0722827	
24 33305		29 33308		5. Certificate of Status Desired	
25 USA		30 USA		<input type="checkbox"/> \$8.75 Additional Fee Required	
23 City & State		28 City & State		6. Election Campaign Financing	
24 Zip		29 Zip		Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees	
25 Country		30 Country		8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	
26 USA		31 USA		<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

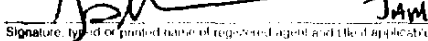
NELSON, JAMES E  
169 NW 44TH STREET  
SUITE 17  
FORT LAUDERDALE FL 33309

10. Name and Address of New Registered Agent

81 Name	JAMES E. NELSON
82 Street Address (P.O. Box Number is Not Acceptable)	3241 H SOUTH PORT ROYAL DR.
83	
84 City	FT. LAUDERDALE
85 Zip Code	FL 33308

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



JAMES NELSON

(NOTE: Registered Agent signature required when reinstating)

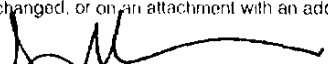
DATE

4-24-98

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTD	1.1 TITLE	SECRETARY & PRESIDENT
NAME	NELSON, JAMES E	1.2 NAME	JAMES E. NELSON
STREET ADDRESS	4361 W. MCNAB ROAD, #28	1.3 STREET ADDRESS	3241 H SOUTH PORT ROYAL DRIVE
CITY-ST-ZIP	POMPANO BEACH FL 33069	1.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33308
TITLE	VSD	2.1 TITLE	VICE PRESIDENT
NAME	CASTELLON, ANDRES J	2.2 NAME	JAMES SCHROEDER
STREET ADDRESS	111 NW 53RD STREET	2.3 STREET ADDRESS	2900 NE 30TH ST.
CITY-ST-ZIP	FORT LAUDERDALE FL 33309	2.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE		3.1 TITLE	TREASURER
NAME		3.2 NAME	HORWYND FERNANDEZ
STREET ADDRESS		3.3 STREET ADDRESS	2900 NE 30TH ST.
CITY-ST-ZIP		3.4 CITY-ST-ZIP	FT. LAUDERDALE FL 33306
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		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:



JAMES NELSON

4-24-98

954-772-4443

CR2E034 (10/97)