FILE NOW: FILING FEE AFTER MAY 1ST IS \$5.00

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT (

Sandra B. Morth m

STATE

Secretary of State

DIVISION OF CORPORATIONS

May 08 1998 8:00am Secretary of State

FILED

1	•	9	8
		_	

DOCUMENT # 1. Corporation Name

P97000078699 (0)

CUSTOM BODIES, INC.

Principa	l Place o	f B usiness
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Mailing Address

745 PINELLAS BAYWAY #107 ST PETERSBURG FL 33715 745 PINELLAS BAYWAY #107 ST PETERSBURG FL 33715



				DO NOT WRITE IN THIS	SPACE	
				3. Date Incorporated or Qualified		
				09/08/1997		
	ace of Business	2a. Mailing Address 318 8+1	h AVE	4. FEL Number 59.34 (44782	Applied For	
	8th Ave		1 HVE	11.3969162	Not Applicable	
Suite, Apt. 6 22 # 2		Suite, Apt. #, etc.		5. Certificate of Status Desired	\$8.75 Additional Fee Required	
City & State 23 TIERA	PA VERDE, FL		lerde, FL	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees	
Zip 337	Country	^{Zip} 33715	Country	8. This corporation owes or has paid the cu	_	
24 00/	_ 20 0 0	[29]	30 USA		Yes No	
	9. Name and Address of Current	Registered Agent		10. Name and Address of New Registered	Agent	
VILLANO-BROWN, DIANNE 81 Name D				DIANNE VILLANO - TBROX	Ga	
745 PINELLAS BAYWAY #107			82 Street A			
ST I	PETERSBURG FL 33715		318	8 8th Ava # 2	***	
			⊢	ERRA Veroe, FL		
			84 City	FL	85 Zig Code 15	
office or re	o the provisions of Sections 607.0502 ogistered agent, or both, in the State on familiar with, and accept the obligation	of Florida. Such change was au	thorized by the corp	corporation submits this statement for the purpose of oration's board of directors. I hereby accept the app	changing its registered pointment as registered	
SIGNATURE						
	Signature, typed or pointed name of registered agen		Registered Agent signature i			
12.	OFFICERS AND		13.	ADDITIONS/CHANGES TO OFFICERS AND		
TITLE	DPS	☐ DELETE	1 1 TITLE		☐ Change ☐ Addition	
NAME	VILLANO-BROWN, DIANNE		1 2 NAME			
STREET ADDRESS	745 PINELLAS BAYWAY #107		1.3 STREET ADDRESS			
CITY-ST-ZIP	ST PETERSBURG FL 33715		1.4 CITY-ST-ZIP		The second second	
TITLE		∐ DELĒTĒ	21 THLE		Change Addition	
NAME			2 2 NAME			
STREET ADDRESS			23 STREET ADDRESS			
CITY-ST-ZIP			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 THLE		☐ 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			62 NAME			
STREET ADDRESS			63 STREET ADDRESS			
CITY-ST-ZIP			6.4 CITY - ST - ZIP			
14. I hereby c	ertify that the information supplied wit	h this filing does not qualify for	the exemption state	d in Section 119.07(3)(i), Florida Statutes. I further co	ertify that the information	
officer or o	on this annual report or supplemental director of the corporation or the recei or Block 13 if changed, or on an atlac	ver or trustee empowered to ex	rate and that my sigr xecute this report as	nature shall have the same legal effect as if made ur required by Chapter 607, Florida Statutes; and that i	my name appears in	