

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

**FILED**  
**May 06, 1999 8:00 am**  
**Secretary of State**

05-06-1999 90237 021 \*\*\*150.00

DOCUMENT # **P97000091013**

1. Corporation Name  
**A BETTER BODY, INC.**

Principal Place of Business  
11428 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

Mailing Address  
11428 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065



DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 21 <b>9175 Randlewood Dr</b> Suite, Apt. #, etc. 22 <b>Apt # 511</b> City & State 23 <b>Coral Springs, FL</b> Zip 24 <b>33071</b>	2a. Mailing Address 26 <b>9175 Randlewood Dr</b> Suite, Apt. #, etc. 27 <b>Apt # 511</b> City & State 28 <b>Coral Springs, FL</b> Zip 29 <b>33071</b>	3. Date Incorporated or Qualified <b>10/21/1997</b>	4. FEI Number <b>65-0790952</b> Applied For Not Applicable	5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75</b> Additional Fee Required	6. Election Campaign Financing <input type="checkbox"/> <b>\$5.00</b> May Be Added to Fees	7. This corporation owes the current year Intangible Personal Property Tax. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
---	--	--	---	---	--	---

9. Name and Address of Current Registered Agent

DAVIS, JEFFREY R  
11428 WEST SAMPLE ROAD  
CORAL SPRINGS FL 33065

10. Name and Address of New Registered Agent

81 Name **Jeffrey R Davis**  
82 Street Address (P.O. Box Numbers Not Acceptable)  
**9175 Randlewood Dr. Apt 511**  
83  
84 City **Coral Springs, FL** 85 Zip Code **33071**

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

*Jeffrey R Davis* **Jeffrey R. Davis**

(NOTE: Registered Agent signature required when reinstating)

DATE

**4/29/99**

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PTVS <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	DAVID, JEFFREY R	1.2 NAME	<b>DAVIS, Jeffrey R.</b>
STREET ADDRESS	11428 WEST SAMPLE ROAD	1.3 STREET ADDRESS	<b>9175 Randlewood Dr Apt 511</b>
CITY-ST-ZIP	CORAL SPRINGS FL 33065	1.4 CITY-ST-ZIP	<b>Coral Springs, FL 33071</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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, with all other like empowered.

SIGNATURE:

*Jeffrey R Davis* **Jeffrey R. Davis** **President** **4/29/99** **954 753-4770**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E034 (11/98)

0162486