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

APPROVED AND FILED

99 DEC -9 AM 11:19

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

3-17-99 90001 009

DO NOT WRITE IN THIS SPACE

DOCUMENT # P98000014072

1. Corporation Name
NATURAL BODYLINES, INC.

Principal Place of Business	Mailing Address
2245 SYKES CREEK DR. MERRITT ISLAND FL 32953	2245 SYKES CREEK DR. MERRITT ISLAND FL 32953

3. Date Incorporated or Qualified
02/12/1998

2. Principal Place of Business	2a. Mailing Address
21 11 Riverside Drive	26 11 Riverside Drive
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Cocoa, Florida	City & State 28 Cocoa, Florida
Zip / Country 24 32922 25 USA	Zip / Country 29 32922 30 USA

4. FEI Number 59-3495956 ☐ Applied For ☐ Not Applica

5. Certificate of Status Desired ☐ **$8.75** Additiona Fee Required

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

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

9. Name and Address of Current Registered Agent

MARKEY & FOWLER, P.A.
410 WEST MERRITT AVE.
MERRITT ISLAND FL 32953

10. Name and Address of New Registered Agent

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 registere 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1		
TITLE	D	☐ DELETE	1.1 TITLE		☐ Change ☐ Ad
NAME	PARK, RANDALL		1.2 NAME		
STREET ADDRESS	2245 SYKES CREEK DR.		1.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		1.4 CITY-ST-ZIP		
TITLE	D	☒ DELETE	2.1 TITLE		☐ Change ☐ Ad
NAME	PARK, RONALD		2.2 NAME		
STREET ADDRESS	450 PATRICK AVE.		2.3 STREET ADDRESS		
CITY-ST-ZIP	MERRITT ISLAND FL 32953		2.4 CITY-ST-ZIP		
TITLE	D	☐ DELETE	3.1 TITLE	D	☒ Change ☐ Ad
NAME	LOMBARDO, ANTHONY		3.2 NAME	Lombardo, Anthony	
STREET ADDRESS	2230 SYKES CREEK DR.		3.3 STREET ADDRESS	1107 Honeymoon Hill Lane	
CITY-ST-ZIP	MERRITT ISLAND FL 32953		3.4 CITY-ST-ZIP	Merritt Island, Florida 32952	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Ad
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Ad
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Ad
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 informati 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: _____ REQUIRED