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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State
DIVISION OF CORPORATIONS

ANNUAL REPORT 1999 DIVIS

DOCUMENT # P9800053438

1. Corporation Name
YOGA WORKS, INC.

FILED Apr 19, 1999 8:00 am Secretary of State

04-19-1999 90052 025 ***150.00

	/ORKS, INC.							
Principal Plac	e of Business	Mailing Address	-			46 (1) 48 (8) 8 (1 88)	()	(#1)#J(1 #D)
1112 3RD ST., SUITE 2 1112 3RD ST., SUITE 2					ر ا			
NEPTUNE BCH FL NEPTUNE BCH FL					DO NOT WRITE IN THIS SPACE			
						IN THIS SPAC	<u></u>	 1
					3. Date Incorporated of Qualifed 06/12/1998			
-2- Principal P	lace of Business	2aMailing Address			4 FELNumber			ied For ===
21		26		<u> </u>	59 3517204			Applicable
Suite, Apt.	#, etc.	Suite, Apt. #, etc.			5. Certifcate of Status Desired	1 1 '	3.75 Ac Fee Req	
22		City & State						
City & Stat	te .	City & State		•	6. Election Campaign Financing Trust Fund Contribution		5.00 M Added to	
Zip	Country	28 Zip	Cou	untry	8. This corporation owes the currer			1 000
24	25	29	30	,	Personal Property Tax.	Y Joan Interigity		∃No
	9. Name and Address of Current		1301	1	10. Name and Address of New Re			
				81 Name				
	BER, DAVID M			82 Street Add	ress (P.O. Box Number is Not Acceptab	le\		
	3RD ST., SUITE 5			Sueet Addi	iless (F.O. Dox Humber is Not Acceptab			
NEP'	TUNE FL 32266			83				
I				84 City		85	Zip Co	ode
				<u> </u>	t Lisabi da La Albana	FL	-i ito 5	
11. Pursuant	to the provisions of Sections 607.0502 registered agent, or both, in the State of	2 and 607.1508, Florida Sta	atutes, the a	bove-named com	poration submits this statement for the p	the appointmen	ying its ri it as regi	egistered
office or i								
office or i	m familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Stat	tutes.	on a board of choolers, I notably decoupt	, ,		
office of a agent. I a SIGNATURE	am familiar with, and accept the obligat	ions of, Section 607.0505,	Florida Stat	rutes.				
agent. I a	am familiar with, and accept the obligat	t and title if applicable. (N	FIORIDA STAT	tutes.	ed when reinstating)	DATE		
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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 competation 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 charged, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE REQUIRED AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

4-11-99

Daytime Phone #

-CKZE0:44 (11/98)-