
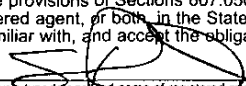


FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED**  
**Feb 24, 1999 8:00 am**  
**Secretary of State**

02-24-1999 90119 048 \*\*\*150.00

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PROFIT CORPORATION ANNUAL REPORT 1999		 FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # P98000095307</b> 1. Corporation Name <b>BODY &amp; SOUL OF PONTE VEDRA, INC.</b>			
Principal Place of Business 609 MIRAMAR CT. PONTE VEDRA BCH FL 32082		Mailing Address 609 MIRAMAR CT. PONTE VEDRA BCH FL 32082	
2. Principal Place of Business 21 <b>115 Professional Drive</b> Suite, Apt. #, etc. 22 <b>106</b> City & State 23 <b>Ponte Vedra Bch, FL</b> Zip 24 <b>32082</b> 25 <b>USA</b>		2a. Mailing Address 26 <b>Same</b> Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent <b>BERRY, MICHAEL L JR. 4 SAWGRASS VILLAGE, SUITE 205 VEDRA BCH FL 32082</b>		10. Name and Address of New Registered Agent 81 Name <b>STEPHANIE ROYAL</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>115 PROFESSIONAL DR. #106</b> 83 84 City <b>PONTE VEDRA Bch</b> FL 85 Zip Code <b>32082</b>	
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  (NOTE: Registered Agent signature required when reinstating) DATE			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>PRESIDENT</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition 1.2 NAME <b>STEPHANIE ROYAL</b> 1.3 STREET ADDRESS <b>115 PROFESSIONAL DR. #106</b> 1.4 CITY-ST-ZIP <b>PONTEVEDRA Bch, FL 32082</b> 2.1 TITLE <b>TREASURER</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 2.2 NAME <b>WOODY MILLS</b> 2.3 STREET ADDRESS <b>115 PROFESSIONAL DR #106</b> 2.4 CITY-ST-ZIP <b>PONTE VEDRA Bch, FL 32082</b> 3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP 4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 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:

 **STEPHANIE ROYAL**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

01/08/99  
Date

904 273 6464  
Daytime Phone #

CR2E034 (11/98)