FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # S26253 (2)

1. Corporation Name

MAXIMUS BODYWORK, INC.

Principal Place of Business
230 NORTHEAST 10TH STREET
DELRAY BEACH FL 33444

Mailing Address
230 NORTHEAST 10TH STREET
DELRAY BEACH FL 33444

3. Date Incorporated or Qualified: 01/22/1991
3a. Date of Last Report: 03/09/1995
4. FEI Number: 65-0242800 — Applied For / Not Applicable

2. Principal Place of Business
21 |
22 | Suite, Apt. #, etc.
23 | City & State
24 | Zip — 25 | Country

2a. Mailing Address
26 | P.O. Box 2185
27 | Suite, Apt. #, etc.
28 | City & State: Delray Beach, Fl.
29 | Zip: 33447 — 30 | Country: Palm Beach

5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☐ Yes ☐ No

9. **Name and Address of Current Registered Agent**

GRUNENWALD, SANDRA L.
230 NORTHEAST 10TH STREET
DELRAY BEACH FL 33444

10. **Name and Address of New Registered Agent**

81 Name: GRUNENWALD, SANDRA L.
82 Street Address (P.O. Box Number is Not Acceptable): 1902 SPANISH TRAIL
83 APT. # 4
84 City: DELRAY BCH **FL** 85 Zip Code: 33483

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 ________ DATE ________

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	GRUNENWALD, SANDRA L.	
STREET ADDRESS	230 N.E. 10TH STREET	
CITY-ST-ZIP	DELRAY BEACH FL	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☒ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS	P.O. Box 2185	
1.4 CITY-ST-ZIP	Delray Beach, Fl 33447	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(k), 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.

SIGNATURE: Sandra L. Grunenwald — 2-24-96 — 407-243-0851

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

SANDRA L. GRUNENWALD

CR2E034 (12/95)