

\$61.25


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

Amended

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97 OCT 30 AM 10:20

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		 <b>FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS</b>	
<b>DOCUMENT # V20511</b> 1. Corporation Name <b>Custom Physiques, Inc.</b>			
Principal Place of Business <b>215 E. THARPE ST TALLAHASSEE, FL 32303-5550</b>		Mailing Address <b>SAME</b>	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip Country 24 25 USA	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip Country 29 30 USA	3. Date Incorporated or Qualified <b>3/10/92</b> 3a. Date of Last Report <b>9/20/96</b> 4. FEI Number <b>59-3110088</b> 5. Certificate of Status Desired <input type="checkbox"/> <b>\$8.75 Additional Fee Required</b> 6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> <b>\$5.00 May Be Added to Fees</b> 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
9. Name and Address of Current Registered Agent <b>SHARON T. PIEDMONT 8247 QUEEN ANNA DR TALLAHASSEE, FL 32311</b>		10. Name and Address of New Registered Agent 81 Name <b>KEVIN FARRIS</b> 82 Street Address (P.O. Box Number is Not Acceptable) <b>215 E. THARPE ST</b> 83 84 City <b>TALLAHASSEE</b> FL 85 Zip Code <b>32303-5550</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 <b>[Signature]</b> DATE <b>11/1/97</b> (NOTE: Registered Agent Signature required when reinstating)			
12. OFFICERS AND DIRECTORS TITLE NAME STREET ADDRESS CITY-ST-ZIP 1. <b>SHARON T. PIEDMONT</b> <input checked="" type="checkbox"/> DELETE <b>8247 QUEEN ANNA DR TALLAHASSEE, FL 32311</b> 2. <b>MICHELLE MALLOY</b> <input checked="" type="checkbox"/> DELETE <b>8247 QUEEN ANNA DR TALLAHASSEE, FL 32311</b> 3. <input type="checkbox"/> DELETE 4. <input type="checkbox"/> DELETE 5. <input type="checkbox"/> DELETE 6. <input type="checkbox"/> DELETE		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 1.1 TITLE <b>P</b> <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition 1.2 NAME <b>KEVIN FARRIS</b> 1.3 STREET ADDRESS <b>215 E. THARPE ST</b> 1.4 CITY-ST-ZIP <b>TALLAHASSEE, FL 32303-5550</b> 2.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP 3.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 3.2 NAME <b>200002335322--8</b> 3.3 STREET ADDRESS <b>-10/31/97--01081--003</b> 3.4 CITY-ST-ZIP <b>*****61.25 *****61.25</b> 4.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP 5.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP 6.1 TITLE <input type="checkbox"/> Change <input type="checkbox"/> 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 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. SIGNATURE: <b>[Signature]</b> DATE <b>11/1/97</b> DAYTIME PHONE # <b>222-2639</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			

CR02034 (9/96)