

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED  
AND  
FILED**

CORPORATION  
ANNUAL REPORT  
**1995**



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

95 MAY -1 AM 4:35

DOCUMENT # **L40307 (5)**  
1. Corporation Name:  
**40TH STREET, INC.**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

DO NOT WRITE IN THIS SPACE

Principal Place of Business: **1501 2ND AVE. TAMPA FL 33605-5005**  
Mailing Address: **1501 2ND AVE. TAMPA FL 33605-5005**

2. Principal Place of Business: **21**  
2a. Mailing Address: **26**  
3. Date first incorporated or Quarter: **01/05/1990**  
3a. Date of Last Report: **05/01/1994**  
4. FEI Number: **59-2990439**  
Applied For:  Not Applicable  
5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**  
6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**  
7. This corporation has liability for intangible tax under 215.11(9) CSR, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**WILLIAMS, JOSEPH M  
1501 2ND AVENUE EAST  
TAMPA FL 33605**


10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address IP O (Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0602 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 607.0606, Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: <b>PD</b>	12.2 NAME: <b>BAKER, CHARLES, A, JR</b>	13.1 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.3 STREET ADDRESS: <b>1501 2ND AVE E</b>	12.4 CITY, ST, ZIP: <b>TAMPA FL</b>	13.2 NAME:	
12.5 TITLE: <b>VD</b>	12.6 NAME: <b>O'BRIEN, MICHAEL D.</b>	13.3 STREET ADDRESS:	
12.7 STREET ADDRESS: <b>256 3RD ST</b>	12.8 CITY, ST, ZIP: <b>NIAGARA FALLS NY</b>	13.4 CITY, ST, ZIP:	
12.9 TITLE: <b>V</b>	12.10 NAME: <b>WILLIAMS, JOSEPH, M</b>	13.5 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.11 STREET ADDRESS: <b>1501 2ND AVE E</b>	12.12 CITY, ST, ZIP: <b>TAMPA FL</b>	13.6 NAME:	
12.13 TITLE: <b>STD</b>	12.14 NAME: <b>SIMON, JOHN V. J</b>	13.7 STREET ADDRESS:	
12.15 STREET ADDRESS: <b>1501 2ND AVE E</b>	12.16 CITY, ST, ZIP: <b>TAMPA FL</b>	13.8 CITY, ST, ZIP:	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12.17 TITLE:	12.18 NAME:	13.9 TITLE:	
12.19 STREET ADDRESS:	12.20 CITY, ST, ZIP:	13.10 NAME:	
12.21 TITLE:	12.22 NAME:	13.11 STREET ADDRESS:	
12.23 STREET ADDRESS:	12.24 CITY, ST, ZIP:	13.12 CITY, ST, ZIP:	
12.25 TITLE:	12.26 NAME:	13.13 TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition	
12.27 STREET ADDRESS:	12.28 CITY, ST, ZIP:	13.14 NAME:	
12.29 TITLE:	12.30 NAME:	13.15 STREET ADDRESS:	
12.31 STREET ADDRESS:	12.32 CITY, ST, ZIP:	13.16 CITY, ST, ZIP:	

14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in the laws 199 (2) (a), Florida Statutes. I further certify that the information is not used on this annual report or supplemental annual report as 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 liquidator empowered to issue this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 1, or Block 13 of this report as an officer or director with an address.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR  
**Charles A. Baker, Jr.**

4-25-95  
813-248-3878

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CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra H. Montemayor  
Secretary of State  
DIVISION OF CORPORATIONS

APPROVED  
FILED

DOCUMENT # **L41307**

(4)

**RICK'S BODYWORKS, INC.**

APR 27 1995 3:57  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

Principal Place of Business  
**294 E GENEVA ST  
OCOOEE FL 34761-2904**

Mailing Address  
**294 E GENEVA ST  
OCOOEE FL 34761-2904**

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified **01/04/1990** 3a. Date of Last Report **04/27/1994**

4. FEI Number **59-3003293** Applied For  Not Applicable

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 the 1993 US Florida Statutes  Yes  No

2. Principal Place of Business 2a. Mailing Address  
21 State Apt # etc 26 State Apt # etc  
22 City & State 27 City & State  
24 25 29 30

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

**ROZEMA, RICHARD  
294 E GENEVA ST  
OCOOEE FL 33607**

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

B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.0507 and 607.1508, Florida Statutes, the above named corporation submits this statement for the purpose of changing its registered office or registered agent for 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 607.0515, Florida Statutes.

SIGNATURE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE <b>S</b>	NAME <b>ROZEMA, RICHARD A</b>	1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
STREET ADDRESS <b>294 EAST GENEVA STREET</b>	CITY, ST, ZIP <b>OCOOEE FL</b>	1. NAME	
		1. STREET ADDRESS	
		1. CITY, ST, ZIP	
2. TITLE		2. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME		2. NAME	
2. STREET ADDRESS		2. STREET ADDRESS	
2. CITY, ST, ZIP		2. CITY, ST, ZIP	
3. TITLE		3. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3. NAME		3. NAME	
3. STREET ADDRESS		3. STREET ADDRESS	
3. CITY, ST, ZIP		3. CITY, ST, ZIP	
4. TITLE		4. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4. NAME		4. NAME	
4. STREET ADDRESS		4. STREET ADDRESS	
4. CITY, ST, ZIP		4. CITY, ST, ZIP	
5. TITLE		5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5. NAME		5. NAME	
5. STREET ADDRESS		5. STREET ADDRESS	
5. CITY, ST, ZIP		5. CITY, ST, ZIP	
6. TITLE		6. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME		6. NAME	
6. STREET ADDRESS		6. STREET ADDRESS	
6. CITY, ST, ZIP		6. CITY, ST, ZIP	

14. I, the undersigned, hereby certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 607.07(1)(b), Florida Statutes. I further certify that the information submitted as the annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made in person. I am an officer or director of the corporation or the recorder or master empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this filing, or as an alternate with an address.

SIGNATURE:

*Richard Rozema*  
SIGNATURE AND TYPED OR PRINTED NAME OF MOVING OFFICER OR DIRECTOR

4/30/95