


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

FILED

Jun 11 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000017063
1. Corporation Name
MIND, BODY & Soul ENT. INC

Principal Place of Business: 39 E. Wynnewood Rd. Wynnewood, PA 19096
Mailing Address: P.O. BOX 74 Wynnewood, PA 19096

2. Principal Place of Business: n/a
28. Mailing Address: n/a
21. Suite, Apt. #, etc.:
22. City & State:
23. Zip: Country:
24. City & State:
25. Zip: Country:
26. Suite, Apt. #, etc.:
27. City & State:
28. Zip: Country:
29. City & State:
30. Zip: Country:

3. Date Incorporated or Qualified: 2/22/96
3a. Date of Last Report:
4. FEI Number: 65-0658879
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 s. 199.032, Florida Statutes: Yes No

9. Name and Address of Current Registered Agent
* RONALD J. BRONOWICKI
MIND, BODY & Soul ENT INC
800 West Ave Suite 202
Miami Beach, FL 33139

10. Name and Address of New Registered Agent
81. Name: n/a
82. Street Address (P.O. Box Number is Not Acceptable):
83.
84. City: FL 85. Zip Code:

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: *Ronald J. Bronowicki*
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent's signature required when registering) DATE:

12. OFFICERS AND DIRECTORS

TITLE	PRESIDENT	<input type="checkbox"/> DELETE
NAME	Stephen J. Vernille	
STREET ADDRESS	251 W. DEKALB # B901	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	RONALD J. BRONOWICKI	
STREET ADDRESS	251 W. DeKalb Pike # B901	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE	VICE PRESIDENT	<input type="checkbox"/> DELETE
NAME	VEN M. LEESE	
STREET ADDRESS	251 W. DeKalb Pike # B901	
CITY-ST-ZIP	King of Prussia, PA 19406	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
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	

200002213402
-06/16/97--01146--027
***165.00

RJ
6-11-97

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: *Ronald J. Bronowicki* RONALD J. BRONOWICKI 4/24/97 (610)645-6560
Signature AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (9/96)