


**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**  
22. Suite, Apt. #, etc.  
27. Suite, Apt. #, etc.  
23. City & State  
28. City & State  
24. Zip Country  
25. Zip Country  
29. Zip Country  
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: *[Signature]*  
Signature, typed or printed name of registered agent and (if applicable) (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

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

*[Signature]* **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: *[Signature]* **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)