

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.  
AMOUNT DUE ON OR BEFORE 8/9/95: \$275 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

**PROFIT CORPORATION ANNUAL REPORT 1995**



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

**FILED**

95 JUL 14 AM 11:54

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**DOCUMENT # V04549 (4)**

1. Corporation Name  
**BODY-MIND CONNECTION, INC.**

Principal Place of Business      Mailing Address  
**2455 E. SUNRISE BLVD  
SUITE AR-2  
FT. LAUDERDALE FL 33304  
US**      **2419 E. COMMERCIAL BLVD STE 302  
SUITE 302  
FT. LAUDERDALE FL 33308  
US**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: **01/07/1992**      3a. Date of Last Report: **03/18/1994**

4. FEI Number: **65-0335121**      Applied For:       Not Applicable:

5. Certificate of Status Desired:       \$8.75 Additional Fee Required

6. Election Campaign Contribution:       \$5.00 May Be Added to Fees

7. This corporation has liability for intangible tax under s. 1961.032, Florida Statutes:  Yes  No

2. Principal Place of Business      2a. Mailing Address  
21 **5555 N. OCEAN BLVD.**      26 **5555 N. OCEAN BLVD.**

22 **#34**      27 **#34**

23 **FORT LAUDERDALE FL**      28 **FORT LAUDERDALE FL**

24 **33308**      25 **US**      29 **33308**      30 **US**

9. Name and Address of Current Registered Agent  
**BIZZARRO, DEBORAH L.  
2419 E. COMMERCIAL BLVD.  
SUITE 302  
FT. LAUDERDALE FL 33308**

10. Name and Address of New Registered Agent  
81 Name: **SMITH, DEBRA ANN B.**  
82 Street Address (P.O. Box Number Not Acceptable): **5555 N. OCEAN BLVD.**  
83 **#34**  
84 City: **FORT LAUDERDALE**      85 State: **FL**      86 Zip Code: **33308**

11. Pursuant to the provisions of Sections 607.0502 and 607.1509, 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: **DEBRA ANN B. SMITH**      *Debra Ann B. Smith*      7-11-95

12. OFFICERS AND DIRECTORS		13. ADMINISTRATIVE PERSONNEL	
TITLE	<b>D</b>	1.1 TITLE	<b>D</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>SMITH, DEBRA ANN B.</b>	1.2 NAME	<b>SMITH, DEBRA ANN B.</b>
STREET ADDRESS	<b>2455 E. SUNRISE BLVD RA2</b>	1.3 STREET ADDRESS	<b>5555 N. OCEAN BLVD. #34</b>
CITY ST ZIP	<b>FT. LAUDERDALE FL</b>	1.4 CITY ST ZIP	<b>FT. LAUDERDALE, FL 33308</b>
TITLE		2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY ST ZIP		2.4 CITY ST ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY ST ZIP		3.4 CITY ST ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		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 110.07(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: **DEBRA ANN B. SMITH**      *Debra Ann B. Smith*      7-11-95      305/781-2005

CR2E034 (3/95)