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**Jun 16 1997 8:00am
Secretary of State**

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # V04549 (4)

1. Corporation Name
BODY-MIND CONNECTION, INC.



Principal Place of Business 5555 N OCEAN BLVD STE 34 FT LAUDERDALE FL 33308 US	Mailing Address 5555 N OCEAN BLVD STE 34 FT LAUDERDALE FL 33308-2352 US
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3. Date Incorporated or Qualified 01/07/1992	3a. Date of Last Report 05/09/1996
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2. Principal Place of Business 21 440 S.E. 4th COURT Suite, Apt. #, etc.	2a. Mailing Address 26 440 S.E. 4th COURT Suite, Apt. #, etc.
22	27
23 City & State POMPANO BEACH, FL	28 City & State POMPANO BEACH, FL
24 Zip 33060	25 Country U.S.A.
29 Zip 33060	30 Country U.S.A.

4. FEI Number 65-0335121	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent

**SMITH, DEBRA ANN B
5555 N OCEAN BLVD
STE 34
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 is not Acceptable) 440 S.E. 4th COURT		
83 P		
84 City POMPANO BEACH	85 State FL	86 Zip Code 33060

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 obligation of, Section 607.0608, Florida Statutes.

SIGNATURE *Debra Ann B. Smith* **DEBRA ANN B. SMITH** **4-25-97**

Signature typed or printed name of registered agent and title, if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE D	<input type="checkbox"/> DELETE
NAME SMITH, DEBRA ANN B.	
STREET ADDRESS 5555 N OCEAN BLVD STE 34	
CITY-ST-ZIP FT. LAUDERDALE FL	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
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 checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS 440 G.E. 4th COURT	
1.4 CITY-ST-ZIP POMPANO BEACH, FL 33060	
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	

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: *Debra Ann B. Smith* **4-25-97** **954.253.3639**

CR2E034 (9/96)