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Apr 02 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1998



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

DOCUMENT # V04549 (4)
 1. Corporation Name
BODY-MIND CONNECTION, INC.



Principal Place of Business: **440 S.E. 4TH CT. POMPANO BEACH FL 33060 US**
 Mailing Address: **440 S.E. 4TH CT. POMPANO BEACH FL 33060 US**

DO NOT WRITE IN THIS SPACE

| | | | | | |
|--|------------------------------|---------------------|--------------------------|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 | 2722 W. ATLANTIC BLVD | 26 | SUITE 14 | 01/07/1992 | |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | 4. FEI Number | |
| 22 | SUITE 14 | 27 | SUITE 14 | 65-0335121 | |
| City & State | | City & State | | 5. Certificate of Status Desired | |
| 23 | POMPANO BEACH, FL | 28 | POMPANO BEACH, FL | <input type="checkbox"/> \$8.75 Additional Fee Required | |
| Zip | Country | Zip | Country | 6. Election Campaign Financing Trust Fund Contribution | |
| 24 | 33069 | 25 | US | <input type="checkbox"/> \$5.00 May Be Added to Fees | |
| 29. Name and Address of Current Registered Agent | | | | 30. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. | |
| SMITH, DEBRA ANN B | | | | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | |
| 440 S.E. 4TH CT. | | | | | |
| POMPANO BEACH FL 33060 | | | | | |

| | | | | | | | |
|---|--|--|--|---|--|--|--|
| 9. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | | | |
| SMITH, DEBRA ANN B | | | | 81 Name | | | |
| 440 S.E. 4TH CT. | | | | 82 Street Address (P.O. Box Number is Not Acceptable) | | | |
| POMPANO BEACH FL 33060 | | | | 83 | | | |
| | | | | 84 City | | | |
| | | | | 85 Zip Code | | | |

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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 607.1505, Florida Statutes.

SIGNATURE: *Debra Ann B. Smith* **DEBRA ANN B. SMITH, PRES.** DATE: **3/25/98**

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|---------------------------------|---|---|
| TITLE | D | 1.1 TITLE | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME | SMITH, DEBRA ANN B. | 1.2 NAME | |
| STREET ADDRESS | 440 S.E. 4TH CT. | 1.3 STREET ADDRESS | |
| CITY-ST-ZIP | POMPANO BEACH FL | 1.4 CITY-ST-ZIP | |
| TITLE | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 | <input type="checkbox"/> DELETE | 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 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* **DEBRA ANN B. SMITH** DATE: **3/25/98**

CR2E034 (10/97)

954-942-5263