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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995



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

DOCUMENT # **J59530** (2)
1. Corporation Name
FITNESS SHOWCASE, INC.

Principal Place of Business Mailing Address
116 SOUTH SEMORAN BLVD. WINTER PARK FL 32792

DO NOT WRITE IN THIS SPACE

| | | | | | | | |
|---|--|---------------------|--|--|--|--------------------------------|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | | 3a. Date of Last Report | |
| 21 | | 26 | | 02/27/1987 | | 02/28/1994 | |
| 22 | | 27 | | 4. FEI Number | | Applied For | |
| Suits, Apt. #, etc. | | Suits, Apt. #, etc. | | 59-2776869 | | Not Applicable | |
| 23 | | 28 | | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| City & State | | City & State | | <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 | | 25 | | 29 | | 30 | |
| Zip | | Country | | Zip | | Country | |
| 24 | | 25 | | 29 | | 30 | |
| 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 | | | | 10. Name and Address of New Registered Agent | | | |
| WALKER, BERRY J., JR. 390 N ORANGE AVE SUITE 2300 ORLANDO FL 32801 | | | | 01 Name | | | |
| | | | | WALKER BERRY J., JR. | | | |
| | | | | 02 Street Address (P.O. Box Number is Not Acceptable) | | | |
| | | | | 235 MAITLAND AVE. SUITE 216 | | | |
| 03 City | | | | MAITLAND | | | |
| 04 State | | | | FL | | | |
| 05 Zip Code | | | | 32751 | | | |

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 _____ DATE _____

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|----------------------------|-------------------------|---|--|
| TITLE | DP | 1.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | HATCH, DAVID S. | 1.2 NAME | GREGORY S. PECTOR |
| STREET ADDRESS | 116 SOUTH SEMORAN BLVD. | 1.3 STREET ADDRESS | 116 SOUTH SEMORAN BLVD |
| CITY - ST - ZIP | WINTER PARK FL 32792 | 1.4 CITY - ST - ZIP | WINTER PARK, FL 32792 |
| TITLE | | 2.1 TITLE | <input type="checkbox"/> Change <input checked="" type="checkbox"/> Addition |
| NAME | | 2.2 NAME | RICHARD LAWRENCE LEWIS |
| STREET ADDRESS | | 2.3 STREET ADDRESS | 116 SOUTH SEMORAN BLVD |
| CITY - ST - ZIP | | 2.4 CITY - ST - ZIP | WINTER PARK, FL. 32792 |
| 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)(b), 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: David S. Hatch DAVID S. HATCH 4-29-95
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date (Day/Month/Year)