

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
***AMOUNT DUE ON OR BEFORE 8/9/95: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)**

PROFIT CORPORATION
 ANNUAL REPORT
 1995



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

FILED

95 JUL 31 AM 11:57

SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

DOCUMENT # **P27118 (9)**

1. Corporation Name
CAROLINA FITNESS EQUIPMENT, INC.

DO NOT WRITE IN THIS SPACE

Principal Place of Business Mailing Address
~~4337 THE PLAZA~~ ~~1207 THE PLAZA~~
~~CHARLOTTE NC 28206~~ ~~CHARLOTTE NC 28206~~
3418-D Vane Court **3883 Pembroke Road**
Charlotte, NC 28206 **Hollywood, FL 33021**

3. Date Incorporated or Qualified **12/04/1989** 3a. Date of Last Report **09/07/1994**
 4. FEI Number **56-1369725** 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

2. Principal Place of Business 2a. Mailing Address
 21 Suite, Apt. #, etc. 26 Suite, Apt. #, etc.
 22 City & State 27 City & State
 23 Zip Country 28 Zip Country
 24 25 29 30

9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent
CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324
 81 Name
 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 required if principal place of registered agent and title is changed) (Signature of Registered Agent required when registering) (Date)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	11 TITLE	EXECUTIVE VICE PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAM, EDWARD B JR	12 NAME	
STREET ADDRESS	4701-C BLOUNT ROAD 3883 PEMBERKE ROAD	13 STREET ADDRESS	3883 PEMBERKE ROAD
CITY, ST, ZIP	POMPANO BEACH FL 33069 HOLLYWOOD, FL 33021	14 CITY, ST, ZIP	HOLLYWOOD, FL 33021
TITLE	TD	21 TITLE	PRESIDENT <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARVEY	22 NAME	
STREET ADDRESS	3418-D VANE COURT	23 STREET ADDRESS	3883 PEMBERKE ROAD
CITY, ST, ZIP	CHARLOTTE NC 28206	24 CITY, ST, ZIP	HOLLYWOOD, FL 33021
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, WILLIAM H	32 NAME	
STREET ADDRESS	5400 BUCKNELL DRIVE	33 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA 30336	34 CITY, ST, ZIP	
TITLE	D	41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, DAVID E	42 NAME	
STREET ADDRESS	5400 BUCKNELL DRIVE	43 STREET ADDRESS	
CITY, ST, ZIP	ATLANTA GA 30336	44 CITY, ST, ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY, ST, ZIP		54 CITY, ST, ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY, ST, ZIP		64 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 119.07(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: *Harvey Miller* **HARVEY MILLER** 7/16/95 305-963-2900
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Telephone

CP2E034 (3/95)