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May 08 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997



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

DOCUMENT # P96000052305 (5)
1. Corporation Name
WORK OUT WEAR SHOP, INC.



Principal Place of Business: 6906 BARRY ROAD TAMPA FL 33634
Mailing Address: 6906 BARRY ROAD TAMPA FL 33634-2916

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21	401 GRAND CENTRAL AVE.	26	401 GRAND CENTRAL AVE.	06/19/1996	
22. City & State: TAMPA, FLA.		27. City & State: TAMPA, FLA.		4. FEI Number	Applied For
23. Zip: 33606 Country: USA		29. Zip: 33606 Country: USA		59-3393826	Not Applicable
24. Certificate of Status Desired		25. Election Campaign Financing Trust Fund Contribution		\$8.75 Additional Fee Required	
<input type="checkbox"/>		<input type="checkbox"/>		\$5.00 May Be Added to Fees	
26. This corporation has liability for intangible tax under s. 199.032, Florida Statutes		27. Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>			

9. Name and Address of Current Registered Agent
RAMOS, MITCHELL JR
6906 BARRY ROAD
TAMPA FL 33634

10. Name and Address of New Registered Agent

81	Name
82	Street Address (P.O. Box Number is Not Acceptable)
83	
84	City
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: _____ DATE: _____
(NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> DELETE
NAME	RAMOS, MITCHELL JR	
STREET ADDRESS	6906 BARRY ROAD	
CITY-ST-ZIP	TAMPA FL 33634	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	BAKER, ANDREW A JR	
STREET ADDRESS	911 E MCBERRY ST	
CITY-ST-ZIP	TAMPA FL 33603	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	RAMOS, SANDY E	
STREET ADDRESS	6906 BARRY ROAD	
CITY-ST-ZIP	TAMPA FL 33634	
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 type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
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: Mitchell Ramos DATE: 4/26/97 DAYTIME PHONE #: (813) 272-6215
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (9/96)