FILED Feb 16, 2004 8:00 am Secretary of State

ANNUAL REPORT	Jr
DOCUMENT # P98000105243	

1. Entity Narr	MENT # P9800010 EALTH & FITNESS, INC.	5243				02-16-2004 9	90043 006 ***	150.00	
Principal Place of Business Mailing Address 3438 E SILVER SPRINGS BLVD 3438 E SILVER SPRINGS BLV OCALA, FL 34470 OCALA, FL 34470			GS BLVD			24011045			
Principal Place of Business 3. Mailing Address									
Suite, Apt. #, etc. Suite, Apt. #, etc.					01082004	Chg-P	CR2E034 (10/03	3)	
City & State City & State			·	4. FEI Numb		⊢	Applied For Not Applicable		
Zip	Country	Zip	Count	ry	5. Certificate	of Status Desired	☐ \$8.75 A Fee Requi		
	6. Name and Address of Curren	t Registered Agent			7. Name an	d Address of New Rec	gistered Agent		
PAVICIC,	AI RINA	يون ۽ ر <u>سوند</u> وست		Name		<u> </u>	<u> </u>		
2977 SW	137 LANE			Street Addre	es (P.G. Box Numb	oc is Not Acceptable)	Q		
OCALA, F	L 34473		ŀ	4417	<u> </u>	36" UIII			
			,	City Or (3/6		FL 398	Pdg-74	
	named entity submits this statement	for the purpose of changing its	s registere	ed office or reg	istered agent, or be	oth, in the State of Flori		th, and accept	
	tions of registered agent.								
SIGNATURE:	Signature, typed or printed name of registered ager	nt and title if applicable. (NO	TE: Registered	Agent signature rec	quired when reinstating)		DATE		
FIL After M	E NOWILL FEE IS \$150,00 ay 1, 2004 Fee will be \$550	9. Election Campa Trust Fund Con	-		\$5.00 May Be Added to Fees				
10.	OFFICERS AN	D DIRECTORS	11.		ADDITIONS	/CHANGES TO OFFIC	ERS AND DIRECTO	DRS IN 11	
TITLE	P	☐ Delete	TITLE				[7] Chang	e 🔲 Addition	
NAME STREET ADDRESS	PAVICK, MARKO 2977 SW 137 LANE	,"	NAME	ET ADDRESS 2	310 Sw	58h Stree 34474	T		
CITY-ST-ZIP	OCALA, FL 34473			ST-ZIP	rala El	YTUVS			
TITLE	VP	☐ Delete	TITLE		242101 1 1 1		50 Chang	e Addition	
NAME	PAVICIC, KATICA		NAME	- In-	NO CL 1 5	CHOO		_	
STREET ADDRESS CITY-ST-ZIP	2977 SW 137 LANE			ET ADDRESS 5	cala Fi	Street Atgo	•		
TITLE	OCALA, FL 34473	☐ Delete	TITLE		cara Pi	344 74	FA Chano	e 🔲 Addition	
NAME	PAVICK, PHILLIP	C Desiete	NAME	. 1				,	
STREET ADDRESS	2977 SW 137 LANE	ي ميديد د				wenonaf		- .]	
CITY-ST-ZIP	OCALA, FL 34473		-1		cala. T	<u> </u>			
NAME		Delete	TITLE NAME	I			Chang	e 🗋 Addition I	
STREET ADDRESS				ET ADDRESS					
C(TY-ST-ZIP				-ST-ZIP	· · · · · · · · · · · · · · · · · · ·				
TITLE NAME]	☐ Delete	Trīle Name	I			Chang	e 🔲 Addition	
STREET ADDRESS				ET ADIDRESS					
CITY-ST-ZIP			CITY-	ST-ZIP	·				
TITLE		☐ Detete	TITLE				☐ Chang	e 🔲 Addition	
NAME STREET ADORESS			NAME STRE	ET ADDRESS					
CITY-ST-ZIP				-ST-ZIP					
12. I hereby indicated of the co	certify that the information supplied wide on this report or supplemental report portation or the receiver or this teachman.	ith this filing does not qualify to is true and accurate and that powered to exacute this repor	or the exer my signat t as requir	mption stated i ture shall have red by Chapter	in Section 119.07(3 the same legal effer f 607, Florida Statu)(i), Florida Statutes. I f ect as if made under oa es; and that my name	urther certify that the thirth; that I am an office appears in Block 10	e information per or director or Block 11 if	
12. I hereby certify that the information supplied with this filling does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 tystee/empowered to eye flute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.									
SIGNAT	TURE:////////	R PRINTED NAME OF SIGNING OFFICE	D 00 mine 01		/	-30-01	7 3523	111808	