

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sarah B. Worzham  
Secretary of State  
DIVISION OF CORPORATIONS

**FILED**  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DOCUMENT # **655500** (7)

1. Corporation Name

**HEALTH WORLD FITNESS SYSTEMS, INC.**

95 MAY 31 AM 9: 03

Principal Place of Business      Mailing Address  
878 WEST 11TH ST.  
11TH STREET SHOPPING CENTER  
PANAMA CITY FL 32401      878 WEST 11TH ST.  
11TH STREET SHOPPING CENTER  
PANAMA CITY FL 32401

DO NOT WRITE IN THIS SPACE

3. Date incorporated or Qualified      3a. Date of Last Report  
**02/11/1980**      **05/26/1994**

4. FEI Number      Applied For  
**59-1968506**      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      26  
Suite, Apt #, etc      Suite, Apt #, etc

22      27  
City & State      City & State

24      25      29      30  
Zip      Country      Zip      Country

**9. Name and Address of Current Registered Agent**

**OWENS, ARNIE R**  
878 W. 11TH ST.  
11TH ST SHOPPING CENTER  
PANAMA CITY FL 32401

**10. Name and Address of New Registered Agent**

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 (typed or printed name of registered agent and date of application)

DATE Registered Agent signature required when registering

DATE

**12. OFFICERS AND DIRECTORS**

TITLE	<b>D</b>
NAME	<b>OWENS, ARNIE R</b>
STREET ADDRESS	<b>878 W 11TH ST</b>
CITY ST ZIP	<b>PANAMA CITY FL</b>
TITLE	<b>SD</b>
NAME	<b>SPOER, PATRICK S</b>
STREET ADDRESS	<b>2203 BECK AVE E-8</b>
CITY ST ZIP	<b>PANAMA CITY FL</b>
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY ST ZIP	

**13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12**

11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	
14 CITY ST ZIP	
21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	
24 CITY ST ZIP	
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY ST ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY ST ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY ST ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
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 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 807, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address

SIGNATURE: **PATRICK S. SPOER**  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**5/26/95**      **(904) 769-5641**  
DATE      Telephone Number