# FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

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

FILED
95 JUL 14 AM 11:21
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **F56622** **(6)**

1. Corporation Name
**CARLYN'S AEROBICS, INC.**

| Principal Place of Business | Mailing Address |
|---|---|
| 14500 N. BAYSHORE DRIVE<br>MADEIRA BEACH FL 33708<br>US | 14500 N. BAYSHORE DRIVE<br>MADEIRA BEACH FL 33708<br>US |

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/01/1981
3a. Date of Last Report: 05/01/1994

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

4. FEI Number: 59-2140397 ☐ 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

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

FISHER, GREGORY H.
5348 FIRST AVENUE NORTH
ST. PETERSBURG FL 33710

**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 _____ (NOTE: Registered Agent signature required when restating) DATE
Signature, typed or printed name of registered agent and title if applicable

| 12. OFFICERS AND DIRECTORS | | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 | |
|---|---|---|---|
| TITLE | D | 11 TITLE | ☐ Change ☐ Addition |
| NAME | BALLOU, CHERYL | 12 NAME | |
| STREET ADDRESS | 5910 27 TERR NO | 13 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 14 CITY-ST-ZIP | |
| TITLE | D | 21 TITLE | ☐ Change ☐ Addition |
| NAME | KOVICH, CORINNE | 22 NAME | |
| STREET ADDRESS | 5919 27TH AE NORTH | 23 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 24 CITY-ST-ZIP | |
| TITLE | D | 31 TITLE | ☐ Change ☐ Addition |
| NAME | LAVALLIE, LEE | 32 NAME | |
| STREET ADDRESS | 6236 28TH AVE NORTH | 33 STREET ADDRESS | |
| CITY-ST-ZIP | ST. PETERSBURG FL | 34 CITY-ST-ZIP | |
| TITLE | D | 41 TITLE | ☐ Change ☐ Addition |
| NAME | STEWART, MAUREEN | 42 NAME | |
| STREET ADDRESS | 1206 DEEPWOOD CT | 43 STREET ADDRESS | |
| CITY-ST-ZIP | BRANDON FL | 44 CITY-ST-ZIP | |
| TITLE | VPS | 51 TITLE | ☐ Change ☐ Addition |
| NAME | CELICHOWSKI, ADRIENNE | 52 NAME | |
| STREET ADDRESS | 14500 N. BAYSHORE DRIVE | 53 STREET ADDRESS | |
| CITY-ST-ZIP | MADEIRA BEACH FL | 54 CITY-ST-ZIP | |
| TITLE | | 61 TITLE | ☐ Change ☐ 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)(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:** Adrienne Celichowski 7/11/95 813 398-4844
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL — Date — Daytime Phone #
Adrienne Celichowski VPS

0310001 CP