FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **F93000005877 (6)**

1. Corporation Name

FITNESS SOLUTIONS, INC.

Principal Place of Business	Mailing Address
727 BREA CANYON RD #5 WALNUT CA 91789	727 BREA CANYON RD #5 WALNUT CA 91789

3. Date Incorporated or Qualified: **12/27/1993**
3a. Date of Last Report: **07/14/1995**

4. FEI Number: **95-4450012** ☐ 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 7501 W Oakland Park Blvd	26 7501 W. Oakland Park Blvd
Suite, Apt. #, etc. 22 201	Suite, Apt. #, etc. 27 201
City & State 23 Ft Lauderdale, Fl	City & State 28 Ft Lauderdale, Fl
Zip 24 33319 Country 25 USA	Zip 29 33319 Country 30 USA

9. Name and Address of Current Registered Agent

SCHNEIDER, LAZ L
100 N.E. 3 AVENUE
SUITE 400
FT LAUDERDALE FL 33301

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 _____ DATE _____
Signature, type or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when name changed)

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	C	☐ DELETE	1.1 TITLE		☒ Change ☐ Addition
NAME	WANG, LEAO		1.2 NAME		
STREET ADDRESS	727 BREA CANYON RD., STE 5 & 6		1.3 STREET ADDRESS	7501 W Oakland Park Blvd Ste 201	
CITY-ST-ZIP	WALNUT CA		1.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33319	
TITLE	DCEO	☐ DELETE	2.1 TITLE		☒ Change ☐ Addition
NAME	FROST, HOWARD		2.2 NAME		
STREET ADDRESS	10561 N.W. 11 COURT		2.3 STREET ADDRESS		
CITY-ST-ZIP	PLANTATION FL		2.4 CITY-ST-ZIP		
TITLE	VD	☐ DELETE	3.1 TITLE		☒ Change ☐ Addition
NAME	WANG, JEFF		3.2 NAME		
STREET ADDRESS	727 BREA CANYON RD., STE 5 & 6		3.3 STREET ADDRESS	7501 W Oakland Park Blvd Ste 201	
CITY-ST-ZIP	WALNUT CA		3.4 CITY-ST-ZIP	Ft Lauderdale, Fl 33319	
TITLE		☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME			4.2 NAME		
STREET ADDRESS			4.3 STREET ADDRESS		
CITY-ST-ZIP			4.4 CITY-ST-ZIP		
TITLE		☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME			5.2 NAME		
STREET ADDRESS			5.3 STREET ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST-ZIP		
TITLE		☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME			6.2 NAME		
STREET ADDRESS			6.3 STREET ADDRESS		
CITY-ST-ZIP			6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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)(k), 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: _____ 4-4-96
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #