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

APPROVED AND FILED
95 MAR 22 PM 3:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **J19909** **(7)**

1. Corporation Name

SUN GYM, INC.

Principal Place of Business	Mailing Address
% JOHN CARL MESE 170 N.E. 99TH ST. MIAMI SHORES FL 33138	% JOHN CARL MESE 170 N.E. 99TH ST. MIAMI SHORES FL 33138

DO NOT WRITE IN THIS SPACE

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

3. Date Incorporated or Qualified: 06/18/1986
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-2713378 ☐ 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	10. Name and Address of New Registered Agent
MESE, JOHN CARL 170 N.E. 99TH ST. MIAMI SHORES FL 33138	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 ______________________________________

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	MESE, JOHN CARL	12 NAME	
STREET ADDRESS	170 N.E. 99TH ST.	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI SHORES FL 33138	14 CITY ST ZIP	
TITLE	DT	21 TITLE	☐ Change ☐ Addition
NAME	MESE, CHERYL	22 NAME	
STREET ADDRESS	6175 N.W. 153RD ST. Suite 201	23 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33015	24 CITY ST ZIP	
TITLE	~~[illegible]~~	31 TITLE	☐ Change ☐ Addition
NAME	~~[illegible]~~	32 NAME	DELETE
STREET ADDRESS	~~[illegible]~~	33 STREET ADDRESS	
CITY-ST-ZIP	~~[illegible]~~	34 CITY ST ZIP	
TITLE	~~VD~~	41 TITLE	☐ Change ☐ Addition
NAME	~~NOEL DOURBOL,~~	42 NAME	DELETE
STREET ADDRESS	~~6135 NW 153RD ST., STE.~~ 11	43 STREET ADDRESS	
CITY-ST-ZIP	~~MIAMI FL 33015.~~	44 CITY ST ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	Pat Howard	52 NAME	
STREET ADDRESS	6175 NW 153rd St. Suite 201	53 STREET ADDRESS	
CITY-ST-ZIP	Miami, Florida 33015	54 CITY ST ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY ST ZIP	2/24

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: [signature] 2/20/95 1-305-557-7674

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR · DATE · TELEPHONE

0145216 CP