

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.  
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # **K56992** (6)

1. Corporation Name

**BODY DESIGN FITNESS CENTER, INC.**



Principal Place of Business

Mailing Address

C/O HARVEY T. TERWILLIGER JR.  
500 W. LAKE MARY BLVD.  
LAKE MARY FL 32773  
US

C/O HARVEY T. TERWILLIGER JR.  
500 W. LAKE MARY BLVD.  
LAKE MARY FL 32773  
US

3. Date Incorporated or Qualified

**01/10/1989**

3a. Date of Last Report

**10/09/1995**

2. Principal Place of Business

2a. Mailing Address

21 **500 W. LAKE MARY BLV.**

26 **500 W. LAKE MARY BLV.**

4. FEI Number

**59-2923183**

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

City & State

23 **SAVORD FL**

City & State

28 **SAVORD FL**

Zip

24 **32773**

Country

25 **seminole**

Zip

29 **32773**

Country

30 **seminole**

9. Name and Address of Current Registered Agent

**TERWILLIGER, HARVEY  
23120 DERBY DRIVE  
SORRENTO FL 32776**

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 title if applicable

(If title Registered Agent signature required when reinstating)

DATE

12. OFFICERS AND DIRECTORS

TITLE **VP** ☐ DELETE

NAME **TERWILLIGER, AILEEN**  
STREET ADDRESS **25120 DERBY DRIVE**  
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE **P** ☐ DELETE

NAME **TERWILLIGER, HANEY**  
STREET ADDRESS **25120 DERBY DRIVE**  
CITY-ST-ZIP **SORRENTO FL 32776**

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE ☐ DELETE

NAME  
STREET ADDRESS  
CITY-ST-ZIP

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

11 TITLE ☐ Change ☒ Addition

12 NAME **S**  
13 STREET ADDRESS **DANA WHITE**  
14 CITY-ST-ZIP **500 W. LAKE MARY BLV.**  
**SAVORD FL 32773**

21 TITLE ☒ Change ☐ Addition

22 NAME **P and T**  
23 STREET ADDRESS **Terwilliger, Harvey**  
24 CITY-ST-ZIP **25120 Derby Drive**  
**SorrenTo FL 32776**

31 TITLE ☐ Change ☐ Addition

32 NAME  
33 STREET ADDRESS  
34 CITY-ST-ZIP

41 TITLE ☐ Change ☐ Addition

42 NAME  
43 STREET ADDRESS  
44 CITY-ST-ZIP

51 TITLE ☐ Change ☐ Addition

52 NAME  
53 STREET ADDRESS  
54 CITY-ST-ZIP

61 TITLE ☐ Change ☐ 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 119.07(3)(k), Florida Statutes. I further certify that the information included 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 617, Florida Statutes, and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE:

**Harvey Terwilliger**

**7-22-96**

**407-330-1203**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Day/Year/Phone #

CR2E034 (3/96)