

CORPORATION
ANNUAL REPORT
1995



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

APPROVED
AND
FILED

95 MAY -1 AM 10:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **K 85213**

Corporation Name

HOME FITNESS STUDIOS, INC

Principal Place of Business

3883 PEMBROKE ROAD
HOLLYWOOD FL 33021

Mailing Address

3883 PEMBROKE ROAD
HOLLYWOOD FL 33021

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified 5/3/89	Date of Last Report 7/22/94
FEI Number 65-0119202	Applied For Not Applicable
Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
<input type="checkbox"/>	\$5.00 May Be Added to Fees
This corporation has liability for intangible tax under S. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

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

1. Name and Address of Current Registered Agent MILLER, HARVEY 3883 PEMBROKE ROAD HOLLYWOOD FL 33021		11. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code	
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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 retaining)

OFFICERS AND DIRECTORS		13.	
TITLE	PD	11 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BEAM, EDWARD B. J	12 NAME	300001481353
STREET ADDRESS	3883 PEMBROKE ROAD	13 STREET ADDRESS	-05/09/95--01115--018
CITY - ST - ZIP	HOLLYWOOD FL 33021	14 CITY - ST - ZIP	****200.00 ****200.00
TITLE	STD	21 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MILLER, HARVEY	22 NAME	
STREET ADDRESS	3883 PEMBROKE ROAD	23 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	24 CITY - ST - ZIP	
TITLE	D	31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	YORK, DAVID	32 NAME	
STREET ADDRESS	3883 PEMBROKE ROAD	33 STREET ADDRESS	
CITY - ST - ZIP	HOLLYWOOD FL 33021	34 CITY - ST - ZIP	
TITLE		41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY - ST - ZIP		44 CITY - ST - ZIP	
TITLE		51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY - ST - ZIP		54 CITY - ST - ZIP	
TITLE		61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> 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 110.07(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: *Harvey Miller* *James Miller* 4/27/95 (306) 963-2900