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 -7 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # L11026 (6)

1. Corporation Name
DUVAL SQUARE HEALTH & FITNESS CLUB, INC.

Principal Place of Business
C/O LUCIO PETROCELLI
1075 DUVAL STREET
KEY WEST FL 33040

Mailing Address
1075 DUVAL ST
APT C11
KEY WEST FL 33040
US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business: 21 % Scally 3031 N. Ocean Blvd	2a. Mailing Address: 26 % Scally 3031 N. Ocean Blvd
Suite, Apt. #, etc: 22 #703	Suite, Apt. #, etc: 27 #703
City & State: 23 Ft. Lauderdale, FL	City & State: 28 Ft. Lauderdale, Fl
Zip: 24 33308 / Country: 25 USA	Zip: 29 33308 / Country: 30 USA

3. Date Incorporated or Qualified: 08/21/1989
3a. Date of Last Report: 02/04/1994
4. FEI Number: 65-0156343 — 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

SCALLY, JAMES
1018 VARELA ST
KEY WEST 33040

10. Name and Address of New Registered Agent

81 Name: James R. Scally
82 Street Address (P.O. Box Number is Not Acceptable): 3031 N. Ocean Blvd #703
83
84 City: Ft. Lauderdale FL 85 Zip Code: 33308

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 reinstating) DATE ______

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD	1.1 TITLE	PD ☒ Change ☐ Addition
NAME	SCALLY, JAMES	1.2 NAME	Scally, James
STREET ADDRESS	714 WHITE #4	1.3 STREET ADDRESS	3031 N. Ocean Blvd #703
CITY-ST-ZIP	KEY WEST FL	1.4 CITY-ST-ZIP	Ft. Lauderdale, Fl 33308
TITLE		2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 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 indicated on the 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] James R. Scally – Pres. 3/8/95 (305)563-2173
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0100417 CP