

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.
AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)

PROFIT CORPORATION
ANNUAL REPORT
REINSTATEMENT 1997
FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

FILED
10/30
SECRETARY OF STATE
DIVISION OF CORPORATIONS

97 OCT 29 AM 10:16

DOCUMENT # L20063 (8)
1. Corporation Name
FOUR CORNERS HEALTH CLUBS (FLORIDA), INC.



Principal Place of Business Mailing Address
% C T CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business 2a. Mailing Address
21 507 N. Sam Houston Pkwy E 26 507 N. Sam Houston Pkwy E
Suite, Apt. #, etc. Suite, Apt. #, etc.
22 Suite 650 27 Suite 650
City & State City & State
23 Houston, TX 28 Houston, TX
Zip Country Zip Country
24 77060 25 Harris 29 77060 30 Harris

3. Date Incorporated or Qualified 10/03/1989 3a. Date of Last Report 04/16/1996
4. FEI Number 76-0290177 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 owes or has paid the current year intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

CT CORPORATION SYSTEM
1200 S. PINE ISLAND ROAD
PLANTATION FL 33324

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 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 Wicky Goldstein
Signature, typed or printed name of registered agent and title if applicable

WICKY GOLDSTEIN
SPECIAL ASSISTANT SECRETARY

(NOTE: Registered Agent signature required when reinstating)

10/24/97

12. OFFICERS AND DIRECTORS

TITLE*	NAME	STREET ADDRESS	CITY-ST-ZIP	DELETE
DP	MAGEE, PETER M.	5858 WESTHEIMER, STE 500	HOUSTON TX	<input type="checkbox"/>
DVT	PETER, JOHN	5858 WESTHEIMER, STE 500	HOUSTON TX	<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>
				<input type="checkbox"/>

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	1.2 NAME	1.3 STREET ADDRESS	1.4 CITY-ST-ZIP	Change	Addition
DP	Magee, Peter M.	P O Box 3167	Houston, Tx 77253-3167	<input checked="" type="checkbox"/>	<input type="checkbox"/>
DVT	Peter, John	P O Box 3167	Houston, TX 77253-3167	<input checked="" type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

14. I do hereby certify that the information supplied with this filing 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

John L. Peter

10/13/97

281-272-2272

CR2E034 (4/97)