## FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

**FILED** May 05 1998 8:00am PROFIT FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS **DOCUMENT #** HERNANDO BEACH GYM. INC. Principal Place of Business Mailing Address 4090 SHOAL LINE BLVD. 7102 PORPOISE ST. SPRING HILL FL 34607 SPRING HILL FL 34807 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/27/1989 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 26 59-2986742 Not Applicable Suite, Apt. #, etc Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Ζιp Country This corporation owes or has paid the current year Intangible 25 29 30 Personal Property Tax due June 30. Yes Yes 24 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent ARCHIBALD, STEVE A. 4090 SHOAL LINE BLVD 82 Street Address (P.O. Box Number is Not Acceptable) SPRING HILL FL 34607 83 84 City 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 (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. DELETE Change Addition TITLE 1.1 TITLE ARCHIBALD, STEVE A. NAME 1.2 NAME CR2E034 7102 PORPOISE ST. STREET ADDRESS 1.3 STREET ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 2.1 TITLE ARCHIBALD, DARLENE M. 2.2 NAME NAME STREET ADDRESS 7102 PORPOISE ST.E 2.3 STREET ADDRESS SPRING HILL FL 34607 CITY-ST-ZIP 2.4 City-St-7iP Change Addition DELETE TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3.3 STREET ADDRESS CITY-ST-ZIP 3.4. CITY-ST-ZIP DELETE Addition 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP DELETE Change Addition 5.1 TITLE TITLE NAME 5.2 NAME STREET ADDRESS **53 STREET ADDRESS** CITY-SY-ZIP 5.4 CITY-ST-ZIP

14. Thereby 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 recoiver 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.

6.3 STREET ADDRESS 6.4 CITY-ST-ZIP

Change

Addition

Marlene Archibald Dartene Archibald Vice President 4-23-98 352-596-7344 SIGNATURE:

61 TITLE

6.2 NAME

DELETE

TITLE

MAME

STREET ADDRESS