


FILE NOW: Fee after May 1, will be \$588.75

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| LIMITED LIABILITY COMPANY ANNUAL REPORT 1997 | |  FLORIDA DEPARTMENT OF STATE Sandra B. Morhart Secretary of State DIVISION OF CORPORATIONS | | FILED 97 JUN 13 PM 3:23 SECRETARY OF STATE TALLAHASSEE, FLORIDA | |
| FILING FEE \$ 203.75 | | Annual Report \$100.00 + \$103.75 Corporation Supplemental Fee Make Check Payable To: FLORIDA DEPARTMENT OF STATE | | | |
| 1. Name and Mailing Address of Limited Liability Company INTERNATIONAL FITNESS INDUSTRIES, L.C. 3438 E SILVER SPRINGS BLVD OCALA, FL 34470 | | DOCUMENT # <i>L960000001153</i> | | | |
| 2. Principal Place of Business Suite, Apt. #, etc. City & State Zip Country | | 2a. Mailing Address 1811 SE FT KING ST Suite, Apt. #, etc. City & State OCALA, FL Zip Country 34471 | | 3. Date Organized or Qualified 11/01/96 3a. State of Formation Florida | |
| | | | | <input type="checkbox"/> Applied For <input type="checkbox"/> Not Applicable | |
| | | | | 5. Date of Last Report 59-3420407 6. Certificate of Status Desired <input checked="" type="checkbox"/> SB 75 Additional Fee Required | |
| 7. Name and Address of Current Registered Agent OCALA FITNESS CONNECTION INC. 1811 SE FT KING ST OCALA, FL 34471 | | | 8. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) Suite, Apt. #, etc. City FL Zip Code | | |
| 9. Pursuant to the provisions of Sections 608.416 and 608.508, Florida Statutes, the above-named limited liability company 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 affirmative vote of a majority of the members. I hereby accept the appointment as registered agent, and accept the obligations. | | | | | |
| SIGNATURE _____ DATE _____ <small>(Registered Agent Accepting Appointment) (NOTE: Registered Agent signature required when reinstating)</small> | | | | | |
| Managing Members/Managers | | Business Street Address | | City, State and Zip Code | |
| <i>MGM</i> T & G FITNESS INC. | | 995 ST. RD. 434 #600 | | Altamonte Springs, FL. 32714 | |
| <i>NEM</i> NON MANAGING MEMBER OCALA FITNESS CONNECTION INC. | | 1811 SE FT KING ST | | OCALA, FL 34471 | |
| | | | | 700002215947--2 -06/18/97--01073--009 ****212.50 ****212.50 | |
| <i>SB 10-11-97</i> | | | | | |
| 11. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(l), Florida Statutes. I further certify that the information indicated on this annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes; and that my name appears in Block 10, or on an attachment with an address. | | | | | |
| SIGNATURE: <i>[Signature]</i> | | | | | |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER OR MANAGER</small> | | | | | |
| | | | | <small>Date Daytime Phone #</small> | |