

**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 1997



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

FILED

97 JUL 21 PM 12:58

①

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # M33944 (3)
1. Corporation Name
LADY FITNESS, INC.



Principal Place of Business: **P. O. BOX. 517 CAPE CORAL FL 33910**
Mailing Address: **P. O. BOX. 517 CAPE CORAL FL 33910**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		26		06/19/1986	05/01/1996
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-2764030	Not Applicable
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	\$5.00 May Be Added to Fees
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	<input type="checkbox"/>
24	25	29	30	8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30.	<input type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
PUNZI, ANTHONY 3801 COUNTRY CLUB BLVD APT 3 CAPE CORAL FL 33904				81	Name
				82	Street Address (P.O. Box Number is Not Acceptable)
				83	
				84	City
				85	Zip Code
				FL	

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) DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PD <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUNZI, ANTHONY	1.2 NAME	
STREET ADDRESS	11825 S. CLEVELAND AVENUE	1.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	1.4 CITY-ST-ZIP	
TITLE	VD <input type="checkbox"/> DELETE	2.1 TITLE	
NAME	STORINO, PASQUALE J.	2.2 NAME	
STREET ADDRESS	1201 S. OCEAN DRIVE	2.3 STREET ADDRESS	
CITY-ST-ZIP	HOLLYWOOD FL	2.4 CITY-ST-ZIP	
TITLE	STD <input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PUNZI, ANTHONY	3.2 NAME	
STREET ADDRESS	11825 S. CLEVELAND AVENUE	3.3 STREET ADDRESS	
CITY-ST-ZIP	FT. MYERS FL	3.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

800002246888-0
-07/24/97-01084-013
***165.00 ***165.00

Handwritten signature and date: 7-22-97

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 *Anthony Punzi 7/10/97*

CR2E034 (4/97)



11625 Cleveland Avenue
Ft. Myers, Florida 33907

★ Sleep Plaza
(Women Only)
(813) 939-3353

②

July 17, 1997

Florida Department of State
Division of Corporations
ATTN: Annual Reports
P. O. Box 6327
Tallahassee, FL 32314

RE: Lady Fitness, Inc.
Document #M33944
FEI# 59-2764030

Dear Sirs:

Today we received the 1997 Profit Corporation Annual Report - 2nd notice. Unfortunately, we never received our first notice. If we would have received it in April as in previous years the report would've been filed on time.

Please accept our report along with the filing fee of \$165.00. Please take into consideration that this is the first time in 11 years that this report has not been filed when it was due. We would like to request that the late fee be waived due to the circumstances of this situation.

Thank you in advance for your consideration and cooperation in this matter. Please feel free to contact me at the above number if you have any questions or concerns.

Kindest regards,

Anthony Punzi / PRES.
Anthony Punzi, President
Lady Fitness, Inc.
dba The Workout