

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

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

3. Date Incorporated or Qualified 06/19/1986	3a. Date of Last Report 05/01/1996
4. FEI Number 59-2764030	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
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	

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip

Country

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip

Country

9. Name and Address of Current 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

FL

85 Zip Code

10. Name and Address of New Registered Agent

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

TITLE	PO	<input type="checkbox"/> DELETE
NAME	PUNZI, ANTHONY	
STREET ADDRESS	11625 S. CLEVELAND AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE	VD	<input type="checkbox"/> DELETE
NAME	STORINO, PASQUALE J.	
STREET ADDRESS	1201 S. OCEAN DRIVE	
CITY-ST-ZIP	HOLLYWOOD FL	
TITLE	STD	<input type="checkbox"/> DELETE
NAME	PUNZI, ANTHONY	
STREET ADDRESS	11625 S. CLEVELAND AVENUE	
CITY-ST-ZIP	FT. MYERS FL	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY-ST-ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

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

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

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