FILED FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00 Apr 24 1997 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE Secretary of State CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State DIVISION OF CORPORATIONS 1997 **DOCUMENT # M70964** (5) WORKOUT SERVICES, INC. Principal Place of Business Mailing Address 319 CLEMATIS WAYNE H. BABB 17337 SE INDIAN HILLS DR SLITTE 409 TEQUESTA FL 33469-1738 WPB FL 33401 HŜ 3. Date Incorporated or Qualified 3a. Date of Last Report 03/08/1988 04/23/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0038023 21 26 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees Country 8. This corporation has liability for intangible tax under s. 199.032. Yes 🗌 No 24 25 29 30 Florida Statutes 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BABB, WAYNE H. 17337 SE INDIAN HILLS DR 82 Street Address (P.O. Box Number is Not Acceptable) TEQUESTA FL 33469 83 84 City 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 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. Sograture my edicy preced name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 PSD DELETE Change Addition 1.1 TITUE THLE BABB, WAYNE H. NAME 1.2 NAME 17337 SE INDIAN HILLS DR STREET ADDRESS 1.3 STREET ADDRESS **TEQUESTA FL** CHY-ST-ZIP 1.4 City-ST-ZiP DELETE 2.1 TITLE Addition THE CAMPBELL, NEIL NAMS 2.2 NAME 354 PILGRIM RD STREET ADDRESS 2.9 STREET ADDRESS WEST PALM BEACH FL 2.4 CITY-ST-ZIP CHTY-ST-ZIP DELETE THILE 3.1 TITLE ☐ Change Addition BUIST, SCOTT R 3.2 NAME 4356 GARDENIA DR STREET ADDRESS 3.3 STREET ADDRESS PALM BCH GARDENS FL CITY: ST-70 3.4. CITY - ST - ZIP DELETE Change Addition 101(1 4.1 TITLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CHY ST-78 4.4 CITY - ST - ZIP DELETE Title 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY ST-ZIP 54 CITY-ST-ZIP

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 angular 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 he receiver of instead 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 on an attactive or that an address.

6.1 TITLE

6.2 NAME

6.3 STREET ADDRESS

SIGNATURE:

THE

NAMÉ

STREET ADDRESS

GNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

DELETE

4/18/97 461746 3715

0331922

Change

Addition