SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1996.
AMOUNT DUE ON OR BEFORE 8/9/96: $155 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $305)

NONPROFIT CORPORATION ANNUAL REPORT

1995

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

FILED
1995 AUG -2 AM 9:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **N94000000065 (2)**

1. Corporation Name

UNITY INTERNATIONAL SPORTS CLUB, INC.

Principal Place of Business	Mailing Address
4000 ADAMS LN VALKARIA FL 32905	4000 ADAMS LN VALKARIA FL 32905

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/28/1993
3a. Date of Last Report: 05/01/1994
4. FEI Number: 59-3217431 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired ☐ **$8.75** Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution ☐ **$5.00** May Be Added to Fees
7. Nonprofit with IRS 501(c)(3) Tax Exempt Status ☐ **FILING FEE IS $61.25**
8. *This corporation has liability for intangible tax under s. 199.032, Florida Statutes* ☐ Yes ☐ No

2. Principal Place of Business	2a. Mailing Address
21 1363 Armory Dr.	26 P.O. Box 61043
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23 Palm Bay FL.	City & State 28 Palm Bay FL. Brevard
Zip 24 32907	Zip 29 32905
Country 25 USA	Country 30 USA

9. Name and Address of Current Registered Agent

CASHIE, MERVYN
1710 CRANE CREEK BLVD
VIERA FL 32940

10. Name and Address of New Registered Agent

01 Name
02 Street Address (P.O. Box Number is Not Acceptable)
03
04 City **FL** 05 Zip Code

11. Pursuant to the provisions of Sections 617.0502 and 617.1508, 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 617.0503, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	PD	11 TITLE	PD	☒ Change ☐ Addition
NAME	SWABY, RONALD	12 NAME	HAYNES, WINSTON	
STREET ADDRESS	4000 ADAMS LANE	13 STREET ADDRESS	1264 Giralda Cir	
CITY-ST-ZIP	VALKARIA FL 32950	14 CITY-ST-ZIP	Palm Bay, FL. 32907	
TITLE	VD	21 TITLE	VD	☒ Change ☐ Addition
NAME	BISHOP, ADRIAN	22 NAME	WADE, ALICIA	
STREET ADDRESS	2313 KAILEEN CIR.	23 STREET ADDRESS	1363 Armory DR.	
CITY-ST-ZIP	PALM BAY FL 32905	24 CITY-ST-ZIP	Palm Bay, FL. 32909	
TITLE	TD	31 TITLE		☐ Change ☐ Addition
NAME	BICKLEY, LILLIAN	32 NAME		
STREET ADDRESS	3965 MILLER LANE	33 STREET ADDRESS		
CITY-ST-ZIP	VALKARIA FL 32950	34 CITY-ST-ZIP		
TITLE	SD	41 TITLE		☐ Change ☐ Addition
NAME	SMITH, MARCIA	42 NAME		
STREET ADDRESS	181 SEAHORSE CIR.	43 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32909	44 CITY-ST-ZIP		
TITLE	D	51 TITLE		☐ Change ☐ Addition
NAME	WILLIAMSON, DESMOND	52 NAME		
STREET ADDRESS	1480 MALIBU CIR.	53 STREET ADDRESS		
CITY-ST-ZIP	PALM BAY FL 32905	54 CITY-ST-ZIP		
TITLE	D	61 TITLE	D	☒ Change ☐ Addition
NAME	HEADLEY, DEVAIR	62 NAME	CAMPBELL, AUDLEY	
STREET ADDRESS	181 SEASHORE CIR.	63 STREET ADDRESS	540 Carol Dr.	
CITY-ST-ZIP	PALM BAY FL 32909	64 CITY-ST-ZIP	Palm Bay, FL. 32905	

CR2E037 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

SIGNATURE: Alicia Wade 7/29/95 407 724 2073
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0006651