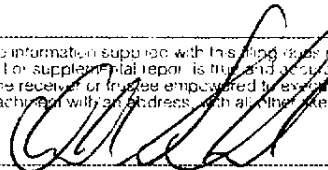


2004 FOR PROFIT CORPORATION ANNUAL REPORT

FILED
May 03, 2004 08:00 AM
Secretary of State

DOCUMENT # P02000104982 1. Entity Name: DELRAY FITNESS ENTERPRISES, INC.					
Principal Place of Business: 4400 PGA BLVD., STE. 700 PALM BEACH GARDENS, FL 33410			Mailing Address: 4400 PGA BLVD., STE. 700 PALM BEACH GARDENS, FL 33410		
2. Principal Place of Business: Suite, Apt. #, etc.:			3. Mailing Address: Suite, Apt. #, etc.:		
City & State:			City & State:		
Zip:		Country:		04272004 Chg-P CR2E034 (10/03)	
4. FEI Number: 82-0567611				Applied For: ☐ Not Applicable	
5. Certificate of Status Desired: ☐				\$8.75 Additional Fee Required	
6. Name and Address of Current Registered Agent: BOYER, JOHN W 4400 PGA BLVD., STE. 700 PALM BEACH GARDENS, FL 33410				7. Name and Address of New Registered Agent: Name: Street Address (P.O. Box Number is Not Acceptable): City: FL Zip Code:	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept, the obligations of registered agent.					
SIGNATURE: _____ (NOTE: Registered Agent signature required when registering) _____ DATE: _____					
FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00			9. Election Campaign Financing Trust Fund Contribution: ☐ \$5.00 May Be Added to Fees		
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1*		
TITLE NAME STREET ADDRESS CITY, ST, ZIP	DPT BOYER, JOHN W 734 SANDY POINT LANE NORTH PALM BEACH, FL 33410	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VD SCHNEIDER, DAVID E 10060 NW 62ND STREET PARKLAND, FL 33076	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	VDS ANGERS, GERALD R 784 ENEIDO ST BOCA RATON, FL 33487	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	D CEVY, JOHN B 1040 CORAL WAY SINGER ISLAND, FL 33404	☐ Delete			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY, ST, ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(c), Florida Statutes. I further certify that the information indicated on this report or supplemental 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 10 or Block 11 if changed, or on an attachment with an address, with all other data empowered.					
SIGNATURE:  DAVID E. SCHNEIDER 4-27-04 861368-9289					
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR: _____ Date: _____ Daytime Phone #: _____					