FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAY -1 PM 1:34

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P31137 (3)

1. Corporate Name
HEALTH N' SPORTS, INC.

Principal Office Address
% E.T. FAYE
7906 CYPRESS LK DR
SARASOTA FL 34243

Mailing Address
% E.T. FAYE
7906 CYPRESS LK DR
SARASOTA FL 34243

2. Principal Place of Business
21
22
23
24 25

2a. Mailing Address
26
27
28
29 30

3. Date of Incorporation: 07/17/1990
3a. Date of Last Report: 04/20/1994

4. FEI Number: 11-2419381 — Applied For / Not Applicable

5. Certificate of Status Desired — $8.75 Additional Fee Required

6. Electronic Signature Required by Trust Fund Contributor — $5.00 May Be Added to Fees

8. The corporation has submitted to mandatory binding arbitration in accordance with Florida Statutes: Yes / X No

9. Name and Address of Current Registered Agent
SHAMES, ABRAHAM
100 SANDS POINT ROAD
#201
SARASOTA FL 34228

10. Name and Address of New Registered Agent
81 Name
82 Street Address, P.O. Box Number is Not Acceptable
83
84 City — FL — 85 Zip Code

11. Pursuant to the provisions of Section 607.0505 Florida Statutes, the above named corporation submits the statement for the purpose of complying with the requirements of Section 607.0505 Florida Statutes. I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

DATE

12.
CP
SHAMES, ABRAHAM
100 SANDS POINT RD #201
LONGBOAT KEY FL

13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
Change / Addition
NAME
TITLE
ADDRESS
CITY

14. I hereby certify that the information supplied with this report is accurate and that such information is in compliance with the requirements of Section 607.0505, Florida Statutes. I further certify that I am familiar with and accept the obligations of my position as registered agent as set forth in Chapter 607, Florida Statutes, and that my name appears in block 10 above as the registered agent for service of process.

SIGNATURE: President 4/25/95 813-383-7615
SIGNATURE AND TITLE OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR
ABRAHAM SHAMES

0345790 CP