

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

PROFIT  
CORPORATION  
ANNUAL REPORT  
1996



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

DOCUMENT # P92000007137 (2)

1. Corporation Name

MARCO'S HEALTH & FITNESS CLUB, INC.

Principal Place of Business

3203 EAST BUSINESS 98  
PANAMA CITY FL 32401

Mailing Address

3203 EAST BUSINESS 98  
PANAMA CITY FL 32401



|                                  |                         |
|----------------------------------|-------------------------|
| 2. Principal Place of Business   | 2a. Mailing Address     |
| 21 MARCO'S HEALTH & FITNESS CLUB | 26 3203 East Highway 98 |
| 22 Suite, Apt. #, etc.           | 27 Suite, Apt. #, etc.  |
| 23 Panama City FL.               | 28 City & State         |
| 24 32401                         | 29 Zip                  |
| 25 Country                       | 30 Country              |

|                                                                                         |                                                          |
|-----------------------------------------------------------------------------------------|----------------------------------------------------------|
| 3. Date Incorporated or Qualified                                                       | 3a. Date of Last Report                                  |
| 11/18/1992                                                                              | 09/06/1995                                               |
| 4. FEI Number                                                                           | Applied For                                              |
| 59-3142199                                                                              | Not Applicable                                           |
| 5. Certificate of Status Desired                                                        | \$8.75 Additional Fee Required                           |
| <input type="checkbox"/>                                                                |                                                          |
| 6. Election Campaign Financing                                                          | \$5.00 May Be Added to Fees                              |
| Trust Fund Contribution                                                                 | <input type="checkbox"/>                                 |
| 8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes | <input type="checkbox"/> Yes <input type="checkbox"/> No |

9. Name and Address of Current Registered Agent

COOPER, MARCO T  
5208 MARLA DRIVE  
PANAMA CITY FL 32404

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 Sections 607.0502 and 607.1506, 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 type on paper with a blue ink ballpoint pen or other permanent marker)

(Date of Agent Signature required after registration)

DATE

| 12. OFFICERS AND DIRECTORS |                      | 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 |                                                                   |
|----------------------------|----------------------|-------------------------------------------------------|-------------------------------------------------------------------|
| TITLE                      | PTDC                 | 1.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | COOPER, MARCO T      | 1.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 3203 EAST HIGHWAY 98 | 1.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | PANAMA CITY FL 32401 | 1.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | V                    | 2.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | OSTRENGA, TIM        | 2.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5208 MARLA DRIVE     | 2.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | PANAMA CITY FL 32404 | 2.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      | S                    | 3.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       | SHEFFIELD, ROSA      | 3.2 NAME                                              |                                                                   |
| STREET ADDRESS             | 5208 MARLA DRIVE     | 3.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              | PANAMA CITY FL 32404 | 3.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                      | 4.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 4.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 4.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                      | 4.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                      | 5.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 5.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 5.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                      | 5.4 CITY, ST, ZIP                                     |                                                                   |
| TITLE                      |                      | 6.1 TITLE                                             | <input type="checkbox"/> Change <input type="checkbox"/> Addition |
| NAME                       |                      | 6.2 NAME                                              |                                                                   |
| STREET ADDRESS             |                      | 6.3 STREET ADDRESS                                    |                                                                   |
| CITY, ST, ZIP              |                      | 6.4 CITY, ST, ZIP                                     |                                                                   |

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)(k), 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: *Marco T Cooper* *Marco T Cooper*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Feb 10 - 96*

*904-763 1919*

Date

Daytime Phone #

CR2E034 (12/95)