

FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED
Apr 28 1998 8:00am
Secretary of State

| | | |
|--|---|---|
| PROFIT CORPORATION ANNUAL REPORT 1998 |  | FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS |
|--|---|---|

DOCUMENT # P92000007137 (2)
 1. Corporation Name
MARCO'S HEALTH & FITNESS CLUB, INC.



| | |
|--|--|
| Principal Place of Business MARCO'S HEALTH FITNESS CLUB 3203 EAST BUSINESS 98 PANAMA CITY FL 32401 US | Mailing Address 3203 EAST HIGHWAY 98 PANAMA CITY FL 32401 US |
|--|--|

DO NOT WRITE IN THIS SPACE

| | | | | | |
|---|------------------------|--|--|--|--|
| 2. Principal Place of Business | | 2a. Mailing Address | | 3. Date Incorporated or Qualified | |
| 21 <i>MARCO'S Health & Fitness Club</i> | 26 <i>3203 East 98</i> | | | 11/18/1992 | |
| 22 Suite, Apt. #, etc. | 27 Suite, Apt. #, etc. | 4. FEI Number | | Applied For | |
| | | 59-3142199 | | Not Applicable | |
| 23 City & State | 28 City & State | 5. Certificate of Status Desired | | \$8.75 Additional Fee Required | |
| 23 Panama City | 28 FL | <input type="checkbox"/> | | \$5.00 May Be Added to Fees | |
| 24 Zip | 25 Country | 6. Election Campaign Financing Trust Fund Contribution | | <input type="checkbox"/> | |
| 24 32401 | 25 BNS | 29 32401 | | 30 BNS | |
| 8. Name and Address of Current Registered Agent | | | | 10. Name and Address of New Registered Agent | |

COOPER, MARCO T
5208 MARLA DRIVE
PANAMA CITY FL 32404

81 Name
 82 Street Address (P.O. Box Number is Not Acceptable)
 83 *SAME*
 84 City
 85 Zip Code
FL

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, Sections 607.0505, Florida Statutes.

SIGNATURE *[Signature]*
 Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when relinquishing office)

| 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, TM | 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 | MOON, PATTI | 3.2 NAME | |
| STREET ADDRESS | 264 SUKOSNI DRIVE | 3.3 STREET ADDRESS | |
| CITY-ST-ZIP | PANAMA CITY FL | 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 | |

NO CHANGES

14. I 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 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 *[Signature]* *Nov 20 98*

CR2E034 (10/97)