FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P93000014478 (0)

1. Corporation Name
FITNESS WAREHOUSE U.S.A., INC.

Principal Place of Business
~~6000 W ATLANTIC AVE
#159
DELRAY BEACH FL 33444~~

Mailing Address
~~6000 W ATLANTIC AVE
#159
DELRAY BEACH FL 33444~~

3. Date Incorporated or Qualified: 02/18/1993
3a. Date of Last Report: 05/01/1995
4. FEI Number: 65-0397001 — 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
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes ☒ Yes ☐ No

2. Principal Place of Business
21 2307 Linton Ridge Circle
22 Suite, Apt. #, etc. Unit C10
23 City & State Delray Bch FL
24 Zip 33444 25 Country USA

2a. Mailing Address
26 2307 Linton Ridge Cir
27 Suite, Apt. #, etc. Unit C-10
28 City & State Delray Bch FL
29 Zip 33444 30 Country USA

9. **Name and Address of Current Registered Agent**

STUDENT, SAUL
2307 LINTON RIDGE CIRCLE C10
DELRAY BEACH FL 33444

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 607.1508, 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 607.0505, Florida Statutes.

SIGNATURE [signature] DATE 5/28/96

12. OFFICERS AND DIRECTORS

TITLE	PST	☐ DELETE
NAME	STUDENT, FRANCES	
STREET ADDRESS	~~6000 W ATLANTIC AVE #159~~	
CITY-ST-ZIP	~~DELRAY BEACH FL 33484~~	
TITLE	2307 Linton Ridge Cir	☐ DELETE
NAME	C10 Delray Bch FL	
STREET ADDRESS	33444	
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
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: [signature]
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/28/96 — Date
4012767157 — Daytime Phone #

CR2E034 (12/95)