

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 # P93000021276 (9)

1. Corporation Name

FITNESS SYSTEMS OF BOYNTON, INC



Principal Place of Business

Mailing Address

~~7870 ASHLEY SHORES CR.~~
LAKE WORTH FL 33467

~~7870 ASHLEY SHORES CR.~~
LAKE WORTH FL 33467

2. Principal Place of Business

2a. Mailing Address

21 7445 Prescott Lane

26 7445 Prescott Lane

Suite, Apt. #, etc.

Suite, Apt. #, etc.

22 City & State

27 City & State

23 Lake Worth FL

28 Lake Worth FL

24 Zip 33467

Country

25 Palm Beach

29 Zip 33467

Country

30 Palm Beach

9. Name and Address of Current Registered Agent

3. Date Incorporated or Qualified

03/22/1993

3a. Date of Last Report

05/01/1995

4. FEI Number

65-0389700

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

10. Name and Address of New Registered Agent

WOOLARD, JAMES J

~~7870 ASHLEY SHORES CR.~~
LAKE WORTH FL 33467

B1 Name

B2 Street Address (P.O. Box Number is Not Acceptable)

7445 Prescott Lane

B3

B4 City

Lake Worth

FL

B5 Zip Code

33467

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, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when resigning)

DATE

12. OFFICERS AND DIRECTORS

TITLE DP
NAME WOOLARD, JAMES J
STREET ADDRESS ~~7870 ASHLEY SHORES CR.~~
CITY-ST-ZIP LAKE WORTH FL 33467

TITLE T
NAME WOOLARD, ANN
STREET ADDRESS ~~7870 ASHLEY SHORES CIRCLE-~~
CITY-ST-ZIP LAKE WORTH FL

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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 7445 Prescott Lane
1.4 CITY-ST-ZIP

2.1 TITLE ☒ Change ☐ Addition
2.2 NAME Woolard, ANN
2.3 STREET ADDRESS 7445 Prescott Lane
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 AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

3/9/96

407966 3946

CR2E034 (12/95)