FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION
ANNUAL REPORT
1995

FLORIDA DEPARTMENT OF STATE

APPROVED AND FILED

95 MAY -1 PM 10:40

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P93000037988 (1)

1. Corporate Name

CENTRAL FLORIDA FITNESS, INC.

Principal Place of Business	Mailing Address
1580 NORTH MCMULLEN BOOTH ROAD CLEARWATER FL	1580 NORTH MCMULLEN BOOTH ROAD CLEARWATER FL

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 05/24/1993
3a. Date of Last Report: 06/21/1994

2. Principal Place of Business	2a. Mailing Address
21	26
22 Suite, Apt. #, etc.	27 Suite, Apt. #, etc.
23 City & State	28 City & State
24 Zip / 25 Country	29 Zip / 30 Country

4. FEI Number: 59-3188147 — [ ] 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. [X] Yes [ ] No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
EISENTADT, BRIAN B 600-49TH STREET NORTH SUITE B-2 ST. PETERSBURG FL 33710	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

12. OFFICERS AND DIRECTORS	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS
TITLE: D NAME: TABMAN, STUART D STREET ADDRESS: 1580 NORTH MCMULLEN BOOTH RD CITY-ST-ZIP: CLEARWATER FL	TITLE: P/D [X] Change [ ] Addition
TITLE: S NAME: RANCE, STEVE STREET ADDRESS: 8375 SW INTERMARK #I CITY-ST-ZIP: PORTLAND OR	TITLE: VP [X] Change [ ] Addition
TITLE: VP NAME: RANCE, CAROL STREET ADDRESS: 8383 SW MAPLE RIDGE CITY-ST-ZIP: PORTLAND OR	[ ] Change [ ] Addition
TITLE: VP NAME: LARRY & MARSHA HIX STREET ADDRESS: 1731 NW 5TH WAY CITY-ST-ZIP: REDMOND OR	TITLE: S/T [X] Change [ ] Addition
	[ ] Change [ ] Addition
	[ ] Change [ ] Addition

14. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07, Florida Statutes. I further certify that the information indicated on this 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: *Stuart D Tabman* — SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1-10-95 Date

813 791-5550 Daytime Phone

0384778 CP