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 # P93000037988 (1)

1. Corporation Name
CENTRAL FLORIDA FITNESS, INC.

Principal Place of Business
1580 NORTH MCMULLEN BOOTH ROAD
CLEARWATER FL

Mailing Address
1580 NORTH MCMULLEN BOOTH ROAD
CLEARWATER FL

3. Date Incorporated or Qualified: **05/24/1993**
3a. Date of Last Report: **05/01/1995**

2. Principal Place of Business (21)
Suite, Apt. #, etc. (22)
City & State (23)
Zip (24) Country (25)

2a. Mailing Address (26)
Suite, Apt. #, etc. (27)
City & State (28)
Zip (29) Country (30)

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 ☑ Yes ☐ No

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

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 of new registered agent, if applicable) (NOTE: Registered Agent's signature is mandatory when name is changed) DATE

12. OFFICERS AND DIRECTORS

TITLE	PD	☐ DELETE
NAME	TABMAN, STUART D	
STREET ADDRESS	1580 NORTH MCMULLEN BOOTH RD	
CITY-ST-ZIP	CLEARWATER FL	
TITLE	VP	☐ DELETE
NAME	RANCE, STEVE	
STREET ADDRESS	8375 SW INTERMARK #I	
CITY-ST-ZIP	PORTLAND OR	
TITLE	VP	☐ DELETE
NAME	RANCE, CAROL	
STREET ADDRESS	8383 SW MAPLE RIDGE	
CITY-ST-ZIP	PORTLAND OR	
TITLE	~~ST~~	☑ DELETE
NAME	~~LARRY & MARSHA HIX~~	
STREET ADDRESS	~~1731 NW 5TH WAY~~	
CITY-ST-ZIP	~~REDMOND OR~~	
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: Stuart D. Tabman STUART D TABMAN 1-18-96 (Date) 813 791-8550 (Daytime Phone #)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)

0368203 CP