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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Morthani Secretary of State

DIVISION OF CORPORATIONS

1996

P93000046686 (0)

DOCUMENT # 1. Corporation Name

LADYS WORKOUT EXPRESS OF MANDARIN, INC.

Principal Place of Business

Mailing Address



| 11111 SAN JOSE BLVD #37 JACKSONVILLE FL 32223 | | 11111 SAN JOSE BLVD. #37 JACKSONVILLE FL 32223 | | | | | |
|---|---|---|---|---|---|---------------------------------------|-------------------------------------|
| | | | | | 3. Date Incorporated or Qualified 07/01/1993 | 3a. Date of La 04/0 | nst Report)7/1995 |
| 2. Principal Pla | | 2a. Mailing Address | | | 4. FEI Number | | Applied For |
| 1 3750 | Moorings Lane | 26 5150 MODRINGS Ln | | | 59-3189043 | | Not Applicable |
| Suite, Apt. #, etc. | | Suite, Apt. #, etc. | | | 5. Certificate of Status Desired | 1 1 | 3.75 Additional Fee Required |
| City & State | Ksonville FC | City & State | FL | | 6. Election Campaign Financing Trust Fund Contribution | | 5.00 May Be Added to Fees |
| Zip 30 | 25 Ouval | 29 Zip 3 2257 | 30 Con | Vva 1 | 8. This corporation has liability for i Florida Statutes Yes | ntangible tax und XNo | der s. 199.032, |
| | 9 Name and Address of Current | Registered Agent | | | 10. Name and Address of New R | egistered Ager | nt |
| | | | 81 | Name | | | |
| MCDONALD, DOUGLAS | | | | Street Addr | ess (P.O. Box Number is Not Acceptable) | | |
| | MOORINGS LANE | | | | | | |
| JACKS | SONMLLE FL 32257 | | 83 | 5 | | | |
| | | | 84 | 1 City | | E-1 85 | Zip Code |
| | | | | 1 | ration submits this statement for the pur | FL | n ita ragistarad offic |
| famil ar wit SIGNATURE | h, and accept the obligations of. Section | in 607.0505, Florida Statutes | | | rd of directors. Thoreby accept the appoint | DATE | |
| | Signature, typical or printen came of registers a lagent a OFFICERS AND | | 13. | eri signatuni relium. | ADDITIONS/CHANGES 10 OFF | | ECTORS IN 12 |
| 12. T-TLE | PD | DELETE | 1.1 1016 | | ADDITIONS OF AMERICA | ☐ Cr | |
| NAME | MCDONALD, PATRICIA F | | 1.2 NAM | ì | | | |
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| CITY - ST - ZIP | JACKSONVILLE FL 32223 | | 14 CiTY | | | | |
| DILE | ST | DELETE | 2 1 [[][L] | | | ☐ Cr | ange 🔲 Addition |
| NAME | MCDONALD, DOUGLAS K | | 2.2 NAM(| | | | |
| STREET ADORESS | 11111 SAN JOSE BLVD., # | 37 | 23 STRE | ET ADDRESS | | | |
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| NAME | | | 5.2 NAM | | | | |
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| CITY - ST - ZIP | | DELETE | 5.4 CITY € 1 TITL | | | ПС | hange Addition |
| TITLE | | L. otterit | 6.2 NAM | | | | , |
| NAME CIRCLI ADDRESS | | | | ET ADDRESS | | | |
| STREET ADDRESS | | | 64 CITY | | | | |
| CITY-ST-ZIP | y certify that the information supplied y | vitin this filing is voluntarily furr | | | for the exemption stated in Section 119 | .07(3)(k), Florida | Statutes, I further |
| 14. I do heret certify tha oath; that appears in | by cortry that the information supplied victore information indicated on this annu. I am an officer or director of the corporablock 12 or Block 13 if changed, or c | vith this filing is voluntarily furr a' report or supplemental ann ration or the receiver artruste in an attachment with all add | nisned and do nua! report is ee empowere Iress | true and accura true and accura d to blecute th | for the exemption stated in Section 114s attended in the state and that my signature shall have the asception as required by Chapter 607. F | same legal effe lorida Statutes; a | ot as if made un and that my nam |

SIGNATURE: Dugles M Donald Jough A Marie of Signing Officer or Director

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