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CORPORATION ANNUAL REPORT 1995

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
95 JUN -8 AM 9:50

DOCUMENT # P93000054066 (4)

1. Corporation Name

SHAPE UP FITNESS CENTER, INC.

Principal Place of Business	Mailing Address
4450 BONITA BEACH RD SUITE #12 BONITA SPRINGS FL 33923 US	4450 BONITA BCH RD SUITE #12 BONITA SPRINGS FL 33923 US

DO NOT WRITE IN THIS SPACE.

2. Principal Place of Business	2a. Mailing Address
21 3300 Bonita Beach Rd SW	26 3300 Bonita Bach Rd SW
Suite, Apt. #, etc. 22 Suite 148	Suite, Apt. #, etc. 27 Suite 148
City & State 23 Bonita Springs	City & State 28 Bonita Springs
Zip 24 33923 Country 25 Lee	Zip 29 33923 Country 30 Lee

3. Date Incorporated or Qualified: 07/29/1993
3a. Date of Last Report: 04/22/1994
4. FEI Number: 65-0437790 ☐ Applied For ☐ Not Applicable
5. Certificate of Status Desired [X] — $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

WARMACK, IRENE
27873 MEADOWLARK LANE
BONITA SPRINGS FL 33923

10. Name and Address of New Registered Agent

81 Name: Maria R. Saunders
82 Street Address (P.O. Box Number is Not Acceptable): 3961 Windward Passage Circle #202
83
84 City: Bonita Springs FL 85 Zip Code: 33923

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] Maria Saunders, Sec./Treas. 05/12/95
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1 1 TITLE	D [X] Change ☐ Addition
NAME	WARMACK, IRENE	1 2 NAME	Anthony Saunders
STREET ADDRESS	27873 MEADOWLARK LANE	1 3 STREET ADDRESS	3300 Bonita Bch Rd SW #148
CITY-ST-ZIP	BONITA SPRINGS FL 33923	1 4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE	D	2 1 TITLE	D [X] Change ☐ Addition
NAME	JACK, SANDRA L	2 2 NAME	Michael Licciardi
STREET ADDRESS	27873 MEADOWLARK LANE	2 3 STREET ADDRESS	3300 Bonita Bch Rd SW #148
CITY-ST-ZIP	BONITA SPRINGS FL 33923	2 4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE		3 1 TITLE	S/T ☐ Change [X] Addition
NAME		3 2 NAME	Maria Saunders
STREET ADDRESS		3 3 STREET ADDRESS	3961 Windward Passage Circle #202
CITY-ST-ZIP		3 4 CITY-ST-ZIP	Bonita Springs, FL 33923
TITLE		4 1 TITLE	☐ Change ☐ Addition
NAME		4 2 NAME	
STREET ADDRESS		4 3 STREET ADDRESS	
CITY-ST-ZIP		4 4 CITY-ST-ZIP	
TITLE		5 1 TITLE	☐ Change ☐ Addition
NAME		5 2 NAME	
STREET ADDRESS		5 3 STREET ADDRESS	
CITY-ST-ZIP		5 4 CITY-ST-ZIP	
TITLE		6 1 TITLE	☐ Change ☐ Addition
NAME		6 2 NAME	
STREET ADDRESS		6 3 STREET ADDRESS	
CITY-ST-ZIP		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] 6/6/95 (813)947-4202
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0323028 CP