

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Jun 06 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Northam Secretary of State DIVISION OF CORPORATIONS
--	---	--

DOCUMENT # P93000064474
1. Corporation Name

Fitness Impact, Inc.

Principal Place of Business	Mailing Address
4741 Summerwood Dr. Mableton, Georgia 30059	4741 Summerwood Drive Mableton, Georgia 30059

2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21	26	9-15-93	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	4. FEI Number	Applied For
22	27	65-0437896	Not Applicable
City & State	City & State	5. Certificate of Status Desired	\$8.75 Additional Fee Required
23	28	<input type="checkbox"/>	
Zip	Zip	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	29	<input type="checkbox"/>	
Country	Country	8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
25	30		

9. Name and Address of Current Registered Agent

Karen Stedman, CPA
3931 RCA Blvd., #3101
Palm Beach Gardens, FL 33410

10. Name and Address of New Registered Agent

81. Name	85. Zip Code
82. Street Address (P.O. Box Number is Not Acceptable)	
83.	
84. City	FL

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: Karen C. Stedman, CPA

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

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	11. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		12. NAME	
STREET ADDRESS		13. STREET ADDRESS	
CITY - ST - ZIP		14. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	21. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		22. NAME	
STREET ADDRESS		23. STREET ADDRESS	
CITY - ST - ZIP		24. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	31. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		32. NAME	
STREET ADDRESS		33. STREET ADDRESS	
CITY - ST - ZIP		34. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	41. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		42. NAME	
STREET ADDRESS		43. STREET ADDRESS	
CITY - ST - ZIP		44. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	51. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		52. NAME	
STREET ADDRESS		53. STREET ADDRESS	
CITY - ST - ZIP		54. CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	61. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		62. NAME	
STREET ADDRESS		63. STREET ADDRESS	
CITY - ST - ZIP		64. CITY - ST - ZIP	

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), 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: Charles Robin

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

5/2/97

DATE

770-745-6088

TELEPHONE #

CR2E034 (9/96)