FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT
1995

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

AND FILED
95 APR 14 AM 11:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000069294 (5)**

1. Corporation Name
PALM BEACH LADY FITNESS CENTER, INC.

Principal Place of Business
2380 N FEDERAL HWY
FIFTH AVE SHOPS
BOCA RATON FL 33431
US

Mailing Address
660 LINTON BLVD
SUITE 104
DELRAY BEACH FL 33444

DO NOT WRITE IN THIS SPACE.

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

3. Date Incorporated or Qualified: **10/06/1993**
3a. Date of Last Report: **04/15/1994**

4. FEI Number: **65-0440031** ☐ 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

STEIN, PETER
660 LINTON BLVD
SUITE 105
DELRAY BEACH FL 33444

10. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

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 _____ (NOTE: Registered agent signature required when reinstating) DATE
Signature, typed or printed name of registered agent and title if applicable

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	STD	11 E	☐ Change ☐ Addition
NAME	D'ADDIO, WILLIAM	12 E	
STREET ADDRESS	660 LINTON BLVD SUITE 104	13 EET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33444	14 - ST - ZIP	
TITLE	PD	21	☐ Change ☐ Addition
NAME	D'ADDIO, MICHAEL	22 E	
STREET ADDRESS	ONE HARBOURSIDE DR	23 ET ADDRESS	
CITY-ST-ZIP	DELRAY BEACH FL 33438	24 - ST - ZIP	
TITLE		31	☐ Change ☐ Addition
NAME		32 E	
STREET ADDRESS		33 ET ADDRESS	
CITY-ST-ZIP		34 - ST - ZIP	
TITLE		41	☐ Change ☐ Addition
NAME		42 E	
STREET ADDRESS		43 ET ADDRESS	
CITY-ST-ZIP		44 - ST - ZIP	
TITLE		51	☐ Change ☐ Addition
NAME		52 E	
STREET ADDRESS		53 ET ADDRESS	
CITY-ST-ZIP		54 - ST - ZIP	
TITLE		61	☐ Change ☐ Addition
NAME		62 E	
STREET ADDRESS		63 ET ADDRESS	
CITY-ST-ZIP		64 - ST - ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished 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 rep true and accurate and that my signature shall have the same legal effect an if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowd 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: WILLIAM D'ADDIO 4/10/95 407-278-0848
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIR — Date — Daytime Phone #

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