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PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State

DIVISION OF CORPORATIONS 1996 P93000081285 (7) DOCUMENT # Corporation Name TELEVISION FIT FOR LIFE, INC. Principal Place of Business Mailing Address 105 BEACH DR 1477 W. FAIRBANKS AVE. \$TE. 200 STE B-1 FT WALTON BCH FL 32547 WINTER PARK FL 32789 3a. Date of Last Report 3. Date Incorporated or Qualified 05/01/1995 11/29/1993 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-3212596 26 Not Applicable 21 \$8.75 Additional Suite, Apt. #, etc Suite, Apt. #, etc 5. Certificate of Status Desired Fee Required 22 27 Orty & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 23 28 Added to Fees 8. This corporation has liability for intangible tax under s 199.032, Florida Statutes XYes ☐ No Žιμ Country Zιρ Country 24 29 30 25 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name SCARLATA, CARL J 82 Street Address (P.O. Box Number is Not Acceptable) 3122 E. COLONIAL DR. ORLANDO FL 32803 83 City 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 agent, or both, in the State of Florida Such change was authorized by the corporation's board of directors. Thereby accept the appointment as registered agent. Lam familiar with, and accept the obligations of, Section 607.0505. Florida Statutes SIGNATURE (Public Pary Bened Agent Signature Signature, typed or printed name of registers liagrantial date, the security ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 OFFICERS AND DIRECTORS 13. 12. Change Addition DELETE TITLE 1.131116 SCARLATA, CARL JR. 1.2 NAME NAME 3122 E COLONIAL DR STREET ADDRESS 1.3 STREET ADDRESS ORLANDO FL 32803-5108 1.4 CITY - ST - ZIP CITY-ST-ZIP ☐ Change DELETE Addition 2 1 TITLE TITLE 2.2 NAME NAME 2.3 STREET ADDRESS STREET ADDRESS 2.4 CITY - ST - ZIP CITY - ST - ZIP DELETE 3 1 100 E Change Add-tion TITLE 3.2 NAME NAME STREET ADORESS 3.3 STREET ADDRESS CITY-SI-ZIF 3.4 CITY - ST - ZIP Change Addition DELETE 4.1 H*LE TIFLE NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CIT r - S1 - Z-P □ D€LETE Addition TITLE 5.3 TITLE 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS 5.4 CITY - \$1 - ZIP CITY-ST-ZIE Addition DELETE Change 6 1 THLE NAME

14. To 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 logal effect as if made under oath; that I am an officer or director of true corporation or the receiver by trustee empowered to excute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 if the product is an attained with an additional production.

DIRECTOR

6.3 STREET ADDRESS 6.4 CITY - ST - ZIP

SIGNATURE:

STREET ADDRESS

DITY-ST-ZIP

Mon /26/9

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CR2E034 (12/95)