SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.

AMOUNT DUE ON OR BEFORE 09/30/08: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # P93000081285 (7)

TELEVISION FIT FOR LIFE, INC.

FILED Jul 16 1998 8:00am Secretary of State



Principal Plac	ce of Business	Mailing Address				
105 BEACH DI	R :	1477 W. FAIRBANKS AVE.				
STE B1	1014 Et 80143	STE. 200		DO MOTIMBITE IN THE		
FT WALTON B	SUN FL-32397	US	WINTER PARK FL 32789		DO NOT WRITE IN TH 3. Date Incorporated or Qualified	IS SPACE
					11/29/1993	
· .	Place of Business	2a. Mailing Address	n		4. FEI Number	Applied For
21 31	22_E. Colonial Dr.	26] 2693 W. Fairbanks Ave.			59-321 2 596	Not Applicable
Sulte, Apt.	. #, elc.	Suite, Apt. #, etc. [27] Ste A			5. Certificate of Status Desired	\$8.75 Additional Fee Regulred
City & Sta	10	City & State			6. Election Campaign Financing	\$5.00 May Be
23 Orlando, FL 28 Winter			ark, FL		Trust Fund Contribution	Added to Fees
Zip 2	32803 Country	Zip	Country	·	8. This corporation owes or has paid the c	
24		32789	US		Personal Property Tax due June 30.	X Yes No
9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent						
CONTONIA, CARE O				Name		
3122 E. COLONIAL DR. 82 Street				Street Addres	ddress (P.O. Box Number is Not Acceptable)	
ORL	.ANDO FL 32803		00			
			83			
			84	City		85 Zip Code
					F	
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, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12						
TITLE	DP DP	DELETE	1.1 TITLE	<u>-</u>	ADDITIONS OF THE REST	
NAME	SCÁRLATA, CARL JR.	נ_] מבנבוב	1.2 NAME			Change Addition
STREET ADDRESS	A 400 E COLONIAL DD		1.3 STREET	AUDDESS		İ
CITY-ST-ZIP	OD(ANDO EL 20002 5402		1.4 CITY-ST			
TITLE	DELETE		2.1 TiTL€			Change Addition
NAME			2.2 NAME			C change C Mountain
STREET ADDRESS			2.3 STREET	ADDRESS		
C/TY-ST-ZIP			2.4 CITY-ST			
TITLE		DELETE				Change Addition
NAME		<u> </u>	3.2 NAME			
STREET ADDRESS			3.3 STREET	ADDRESS		
CITY-ST-ZIP			3.4 CITY-ST	-ZIP		
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		DELETE	5.1 TITLE			Change Addition
NAME			5.2 NAME			
STREET ADORESS			5.3 STREET	ADDRESS		
CITY-ST-ZIP			5.4 CITY-ST	-ZIP		
TITLE		DELETE	6.1 TITLE			Change Addition
NAME			6.2 NAME			
STREET ADDRESS			6.3 STREET	ADDRESS		
CITY-ST-ZIP	ŧ		6.4 CITY-ST			
44 (beach : a	Later Aliant all a later and a later and a later at	Sa Filina alama and an although	0.7 011 [-3]		440.07/0/2 51-14-0044-47-0	

I 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 fine receiver or trustle 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 or an attachment with an address?

Carl J. Scarlata 7/8/98 407-647-7777