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

APPROVED AND FILED
95 MAY -1 AM 4:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **P93000087526 (8)**

1. Corporation Name
METRO FITNESS INCORPORATED

Principal Place of Business	Mailing Address
11624 SW 169TH TERRACE MIAMI FL 33157 US	11624 SW 169TH TER MIAMI FL 33157 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 12/23/1993
3a. Date of Last Report: 05/01/1994

2. Principal Place of Business 21: 10442 NW 31 TERRACE
Suite, Apt. #, etc. 22:
City & State 23: MIAMI FL
Zip 24: 33172 Country 25:

2a. Mailing Address 26: 10442 NW 31 TERR
Suite, Apt. #, etc. 27:
City & State 28: MIAMI FL
Zip 29: 33172 Country 30:

4. FEI Number: 65-0456906 ☐ 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

STREETER, TIMOTHY
11624 SW 169TH TERRACE
MIAMI FL 33157

10. Name and Address of New Registered Agent

81 Name: STREETER, TIMOTHY
82 Street Address (P.O. Box Number is Not Acceptable): 10442 NW 31 TERRACE
83:
84 City: MIAMI FL 85 Zip Code: 33172

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 _____ DATE
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	D	11 TITLE	☐ Change ☐ Addition
NAME	BOWERS, LAURA	12 NAME	
STREET ADDRESS	105014 SW 168 TERRACE	13 STREET ADDRESS	
CITY-ST-ZIP	MIAMI FL 33187	14 CITY-ST-ZIP	
TITLE	D	21 TITLE	☒ Change ☐ Addition
NAME	STREETER, TIMOTHY	22 NAME	
STREET ADDRESS	11624 SW 169 TERRACE	23 STREET ADDRESS	17621 SW 87 AVE
CITY-ST-ZIP	MIAMI FL 33157	24 CITY-ST-ZIP	MIAMI FL 33157
TITLE	D	31 TITLE	☐ Change ☐ Addition
NAME	CASE, JOANNE	32 NAME	
STREET ADDRESS	25611 SW 217 AVE	33 STREET ADDRESS	
CITY-ST-ZIP	HOMESTEAD FL 33031	34 CITY-ST-ZIP	
TITLE		41 TITLE	☐ Change ☐ Addition
NAME		42 NAME	
STREET ADDRESS		43 STREET ADDRESS	
CITY-ST-ZIP		44 CITY-ST-ZIP	
TITLE		51 TITLE	☐ Change ☐ Addition
NAME		52 NAME	
STREET ADDRESS		53 STREET ADDRESS	
CITY-ST-ZIP		54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ 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 is voluntarily furnished and 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 any attachment with an address.

SIGNATURE: Timothy B. Streeter TIMOTHY STREETER 4/24/95 594-4406
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0171836 CP