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Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1997

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P9400006841 (8)

PLANET FITNESS ENTERPRISES, INC.

2101 N UNIVERSITY OR. 2101 N. UNIVERSITY DR SUNRISE FL 33322 SUNRISE FL 33322-3938 3. Date Incorporated or Qualified 3a. Date of Last Report 01/27/1994 03/15/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 65-0479470 Not Applicable 21 26 Suite, Apt # oto Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country This corporation has liability for intengible tax under s. 199.032, Florida Statutes Yes No 24 25 29 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name BERKS, RICKY -7250 N.W. 84TH AVE .-Address (P.O. Box Number is Not Acceptable) # 1909 82 PARKLAND FL 88887-1018 84 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 or regelered agent and title if applicable. (NOTE Registered Agent signature required when reinstalling) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. **PSD** TITLE DELETE 1.1 TITLE Change Addition NAME BERKS, RICKY 1.2 NAME 7250 N.W. 04TH AVE: 1.3 STREET ADDRESS STREET ADORESS PARKLAND FL-1.4 CITY - ST - ZIP CITY-ST-ZIE DELETE TITLE 21 TITLE Change Addition JULIANELLI, ROGER NAME 22 NAME 12031 N.W. 2ND DR. STREET ADDRESS 2.3 STREET ADDRESS **CORAL SPRINGS FL** CITY - ST - ZIP 2. 4 CITY-ST-ZIP DELETE Change Addition TITLE 3.1 TiTLE 3.2 NAME NAME STREET ADDRESS 3.3 STREET ADDRESS 3.4. CITY-ST-ZIP 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 eath; 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

OFFICER OR DIRECTOR

4.1 TITLE

4. 2 NAME

5.1 TITLE

5.2 NAME

6.1 TITLE 6.2 NAME

4.3 STREET ADDRESS

5.3 STREET ADDRESS 5.4 CITY - ST - 7IP

6.3 STREET ADDRESS

6.4 CITY - ST - ZIP

4.4 CITY - ST - ZIP

DELETE

DELETE

DELETE

SIGNATURE:

TITLE

NAME

TIT.E

TITLE

NAME STREET ADDRESS

STREET ADDRESS CITY - ST - ZIP

STREET ADDRESS

CITY-ST-ZIP

CITY-ST-ZIP

Change

Change

Change

Addition

■ Addition

Addition

FILED

Feb 05 1997 8:00am

Secretary of State

96/6) 6) **CR2E034**