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 APR 27 AM 7:39
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000014578 (6)

1. Corporation Name

BRIAN GRANT'S WORLD CHAMPION FITNESS, INC.

Principal Place of Business
1129 DOGWOOD AVE.
TAMPA FL 33613

Mailing Address
1129 DOGWOOD AVE.
TAMPA FL 33613

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/22/1994
3a. Date of Last Report:

4. FEI Number: 59-3226524 ☐ 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 (...) Florida Statutes ☐ Yes ☐ No

2. Principal Place of Business
21 1933 Taylor Lane
Suite, Apt. #, etc.
22
City & State
23 Tampa FL
Zip
24 33618
Country
25 USA

2a. Mailing Address
26 1933 Taylor Lane
Suite, Apt. #, etc.
27
City & State
28 Tampa FL.
Zip
29 33618
Country
30 USA

9. Name and Address of Current Registered Agent

GRANT, BRIAN
10510 CARROLLVIEW DR.
TAMPA FL 33618

10. Name and Address of New Registered Agent

31 Name
32 Street Address (P.O. Box Number is Not Acceptable)
33
34 City FL
35 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

12. OFFICERS AND DIRECTORS

TITLE: DP
NAME: GRANT, BRIAN
STREET ADDRESS: 1129 DOGWOOD AVE.
CITY-ST-ZIP: TAMPA FL 33613

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS

☒ Change ☐ Addition
TITLE: DP
NAME: Brian Grant
STREET ADDRESS: 10510 Carrollview Dr.
CITY-ST-ZIP: Tampa Fl. 33618

14. I the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Section 119.07(3)(n), 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 an attachment with an address.

SIGNATURE: [signature] 4/21/95 813 969 8001

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0303089 CP