

**FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00**

**APPROVED AND FILED**

05 MAY 1994 01 2:29

FLORIDA SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPORATION  
ANNUAL REPORT  
1995



FLORIDA DEPARTMENT OF STATE  
Sandra B. Murphree  
Secretary of State  
DIVISION OF CORPORATIONS

**DOCUMENT # P94000021378 (2)**

**SYNERGY FITNESS SYSTEMS, INC.**

DO NOT WRITE IN THIS SPACE

Principal Name of Registrant: **315 E. ROBINSON STREET STE. 600 ORLANDO FL 32801**  
Mailing Address: **315 E. ROBINSON STREET STE. 600 ORLANDO FL 32801**

3. Date Incorporated or Qualified: **03/16/1994** 3a. Date of Last Report

2. Principal Name of Business: **21** Mailing Address: **26 P.O. Box 3000**

4. FLE Number:  Applied For  Not Applicable

State, Apt. # etc: **22** City & State: **27 Orlando, FL**

5. Certificate of Status Desired:  **\$8.75 Additional Fee Required**

City & State: **23** City & State: **28 Orlando, FL**

6. Election Campaign Financing Trust Fund Contribution:  **\$5.00 May Be Added to Fees**

7. **24** 8. **25** 9. **29 32802** 10. **30**

11. This corporation has liability for aggregate fees under S. 190.002, Florida Statutes:  Yes  No

9. Name and Address of Current Registered Agent  
**MORGAN, ULTIMA D  
315 E. ROBINSON STREET  
STE. 600  
ORLANDO FL 32801**

10. Name and Address of New Registered Agent  
B1 Name  
B2 Street Address (P.O. Box Number is Not Acceptable)  
B3  
B4 City **FL** B5 Zip Code

11. Pursuant to the provisions of Sections 607.050(7) 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 607.050(7), Florida Statutes.

SIGNATURE: \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
12.1 TITLE: <b>D</b> NAME: <b>SHUFFIELD, W C</b> STREET ADDRESS: <b>315 E. ROBINSON STREET STE. 600</b> CITY & STATE: <b>ORLANDO FL 32801</b>		13.1 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY & STATE	
12.2 TITLE NAME STREET ADDRESS CITY & STATE		13.2 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY & STATE	
12.3 TITLE NAME STREET ADDRESS CITY & STATE		13.3 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY & STATE	
12.4 TITLE NAME STREET ADDRESS CITY & STATE		13.4 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY & STATE	
12.5 TITLE NAME STREET ADDRESS CITY & STATE		13.5 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY & STATE	
12.6 TITLE NAME STREET ADDRESS CITY & STATE		13.6 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY & STATE	
12.7 TITLE NAME STREET ADDRESS CITY & STATE		13.7 1. TITLE: <input type="checkbox"/> Change <input type="checkbox"/> Addition 2. NAME 3. STREET ADDRESS 4. CITY & STATE	

14. I, the undersigned, certify that the information supplied with this form is voluntarily furnished and does not qualify for the exemption stated in Section 190.002, Florida Statutes. I further certify that the information and data herein are true and correct and that no separate shall have the same bearing as if made under oath. That I am an officer or director of the corporation or the person authorized to execute this report as required by Chapter 190, Florida Statutes, and that my name appears on Block 13 of this report or on all amendments thereto.

SIGNATURE:   
SIGNATURE AND TYPED OR PRINTED NAME OF PRINCIPAL OFFICER OR DIRECTOR

426.95 407-425-7010