

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** 2b. Mailing Address: **26 P.O. Box 3000**
State, Apt. # etc. State, Apt. # etc.

4. FLE Number: Applied For
 Not Applicable

22. City & State: **27 Orlando, FL**

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

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

24. 25. 29. **32802** 30.

7. Has corporation been liable for aggregate fines under § 190.01(2), 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(2) 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(3), Florida Statutes.

SIGNATURE: _____ (Agent, Agent-in-Chief, Registered Agent, or Director) _____ (New Registered Agent, Agent-in-Chief, or Director)

12. OFFICERS AND DIRECTORS

1. TITLE	D
2. NAME	SHUFFIELD, W C
3. STREET ADDRESS	315 E. ROBINSON STREET STE. 600
4. CITY & STATE	ORLANDO FL 32801
5. TITLE	
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	
14. NAME	
15. STREET ADDRESS	
16. CITY & STATE	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. NAME	
3. STREET ADDRESS	
4. CITY & STATE	
5. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. NAME	
7. STREET ADDRESS	
8. CITY & STATE	
9. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. NAME	
11. STREET ADDRESS	
12. CITY & STATE	
13. TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. NAME	
15. STREET ADDRESS	
16. 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 190.01(2), Florida Statutes. I further certify that the information and data herein provided 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 607, Florida Statutes, and that my name appears on Block 11 of this report or on all documents filed with same.

SIGNATURE: _____
SIGNATURE AND TYPED OR PRINTED NAME OF CURRENT OFFICER OR DIRECTOR

426.95 407-425-7010