

**FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00**

**FILED**  
**May 13 1998 8:00am**  
**Secretary of State**

PROFIT CORPORATION ANNUAL REPORT <b>1998</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P94000021378**  
 1. Corporation Name  
**SYNERGY FITNESS SYSTEMS, INC.**

Principal Place of Business	Mailing Address
<b>315 E. ROBINSON STREET STE. 600 ORLANDO, FL 32801</b>	<b>P.O. BOX 3000 STE. 600 ORLANDO, FL 32802</b>

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**03/16/1994**

4. FEI Number  
**59-3229198**

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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

2. Principal Place of Business	2a. Mailing Address
21 Suite, Apt. #, etc.	26 P.O. BOX 3000
22 City & State	27 Suite, Apt. #, etc.
23 City & State	28 <b>ORLANDO, FL</b>
24 Zip	29 <b>32802</b>
25 Country	30 <b>US</b>

9. Name and Address of Current Registered Agent

**ULTIMA D. MORGAN**  
**315 E. ROBINSON STREET**  
**STE. 600**  
**ORLANDO, FL 32801**

10. Name and Address of New Registered Agent

81 Name  
**JOSEPH C.L. WETTACH**

82 Street Address (P.O. Box Number is Not Acceptable)  
**315 E. ROBINSON STREET**

83 **STE. 600**

84 **ORLANDO** **FL** 85 Zip Code **32801**

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 (Print or printed name of registered agent and, if applicable, (NOTE: Registered Agent signature required when reinstating))

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input checked="" type="checkbox"/> DELETE
NAME	<b>SHUFFIELD, W. C.</b>
STREET ADDRESS	<b>315 E. ROBINSON STREET STE. 600</b>
CITY - ST - ZIP	<b>ORLANDO, FL 32801</b>
TITLE	<b>P</b> <input type="checkbox"/> DELETE
NAME	<b>WOODRUFF, ALLEN C.</b>
STREET ADDRESS	<b>1624 FORSYTH ROAD</b>
CITY - ST - ZIP	<b>ORLANDO, FL</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	
1.4 CITY - ST - ZIP	
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	
2.4 CITY - ST - ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY - ST - ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY - ST - ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY - ST - ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY - ST - ZIP	

**800002525018**  
**-05/15/98--01031---006**  
**\*\*\*150.00**

14. I 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 is truthful, accurate, complete 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 of this report, or on an attachment with an address.

SIGNATURE: \_\_\_\_\_ DATE: **4/22/98** (407) 671-6500

CR2E034 (10/97)