SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 6, 1995.
AMOUNT DUE ON OR BEFORE 8/6/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

PROFIT CORPORATION ANNUAL REPORT
1995

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

FILED
95 AUG 10 AM 11:51
SECRETARY OF STATE
TALLAHASSEE FLORIDA

DOCUMENT # **P94000035174 (9)**

1. Corporation Name
BEYOND FITNESS OF FLORIDA, INC.

Principal Place of Business	Mailing Address
P O BOX 60235 ST PETERSBURG FL 33784	P O BOX 60235 ST PETERSBURG FL 33784

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 05/10/1994
3a. Date of Last Report:

2. Principal Place of Business (Old) 21: 2454 McMullen Booth
Suite, Apt. #, etc. 22: Suite 301
City & State 23: Clearwater, FL
Zip 24: 34619 Country 25:

2a. Mailing Address 26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

(4) FEI Number: 59-3250475 ☐ 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. 199.032, Florida Statutes ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

SAMMARCO, JOSEPH S
3910 31ST ST N
UNIT B
ST PETERSBURG FL 33714

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City FL 85 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 _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	1.1 TITLE	P	☐ Change ☑ Addition
NAME	SAMMARCO, JOSEPH S	1.2 NAME		
STREET ADDRESS	P O BOX 60235 N/A	1.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33784	1.4 CITY-ST-ZIP		
TITLE	D	2.1 TITLE	D/VP	☒ Change ☐ Addition
NAME	YECKINEVICH, SCOTT A	2.2 NAME	JEANINE LABONTE	
STREET ADDRESS	2737 NICOLE CIR	2.3 STREET ADDRESS	31177 U.S. HWY 19 N. #1112	
CITY-ST-ZIP	PALM HARBOR FL 34684	2.4 CITY-ST-ZIP	PALM HARBOR, FL 34684	
TITLE	D	3.1 TITLE		☐ Change ☐ Addition
NAME	DI CENZO, RICHARD H A	3.2 NAME		
STREET ADDRESS	3020 CEDAR TRACE	3.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	3.4 CITY-ST-ZIP		
TITLE	D	4.1 TITLE		☐ Change ☐ Addition
NAME	DI CENZO, ELIZABETH A	4.2 NAME		
STREET ADDRESS	3020 CEDAR TRACE	4.3 STREET ADDRESS		
CITY-ST-ZIP	TARPON SPRINGS FL 34689	4.4 CITY-ST-ZIP		
TITLE	D	5.1 TITLE		☒ Change ☐ Addition
NAME	LEWIS, DAVID C	5.2 NAME	NO LONGER A SHAREHOLDER	
STREET ADDRESS	34888 US HWY 19 N	5.3 STREET ADDRESS	OR DIRECTOR	
CITY-ST-ZIP	ST PETERSBURG FL 34684	5.4 CITY-ST-ZIP		
TITLE	D	6.1 TITLE	S	☐ Change ☑ Addition
NAME	FISCHER, JAMES L	6.2 NAME		
STREET ADDRESS	4480 CRESTWOOD DR N	6.3 STREET ADDRESS		
CITY-ST-ZIP	ST PETERSBURG FL 33714	6.4 CITY-ST-ZIP		

CR2E034 (3/95)

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 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: X Joseph S. Sammarco 08/04/95 (813)526-9300
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0188300 FP