ANNUAL REPORT
1995

FILING FEE
DIVISION OF CORPORATIONS

95 APR 24 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000046429 (4)

1. Corporation Name
M-BAY, INC.

Principal Place of Business
C/O GNC
6300 N. WICKHAM RD., SUITE 112
MELBOURNE FL 32940

Mailing Address
C/O GNC
6300 N. WICKHAM RD., SUITE 112
MELBOURNE FL 32940

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified: 06/21/1994
3a. Date of Last Report:

2. Principal Place of Business
21 c/o GNC 1700 W. New Haven
22 Suite, Apt. #, etc. # 283
23 City & State: MELBOURNE, FL
24 Zip: 32904
25 Country: BREVARD

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

4. FEI Number: 59-3253942 — 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
BALINSKY, GARY
C/O GNC
6300 N. WICKHAM RD., SUITE 112
MELBOURNE FL 32940

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 name/address changes)

12. OFFICERS AND DIRECTORS

TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	~~GARY A. BALINSKY~~ P/S	☐ Change ☑ Addition
1.2 NAME	GARY A. BALINSKY	
1.3 STREET ADDRESS	c/o GNC, 6300 N. WICKHAM RD. #112	
1.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
2.1 TITLE	V/T	☐ Change ☑ Addition
2.2 NAME	GLORIA C. GOSHORN	
2.3 STREET ADDRESS	c/o GNC, 6300 N. WICKHAM RD #112	
2.4 CITY-ST-ZIP	MELBOURNE, FL 32940	
3.1 TITLE		☐ Change
3.2 NAME		
3.3. STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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)(k), 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] GARY A. BALINSKY 4/17/95 407-259-4440
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0074122 CP