SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $378)

PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUL -5 AM 8:54

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P94000049402 (8)

1. Corporation Name

PHYSICAL ADDICTIONS, INC.

Principal Place of Business	Mailing Address
1220 N. HIGHWAY A1A. #19 INDIATLANIC FL 32903	1220 N. HIGHWAY A1A. #19 INDIATLANIC FL 32903

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/29/1994
3a. Date of Last Report: N/A

2. Principal Place of Business — 21
2a. Mailing Address — 26
Suite, Apt. # or — 22 / 27
City & State — 23 / 28
24 / 25 / 29 / 30

4. FEI Number: 59-3253296 — 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. The corporation has taken, for purposes of section 199.032, Florida Statutes: ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

MARTIS, RICK
1220 N. HIGHWAY A1A, #19
INDIATLANIC FL 32903

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: (Signature of New Registered Agent, if changing) (Name of New Registered Agent, if changing) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO OFFICERS AND DIRECTORS
TITLE	D	☐ Change ☐ Addition
NAME	MARTIS, RICK	
STREET ADDRESS	1220 N. HIGHWAY A1A, #19	
CITY-ST-ZIP	INDIATLANIC FL 32903	
TITLE	D	☐ Change ☐ Addition
NAME	HEINZE, FRANK	
STREET ADDRESS	1220 N. HIGHWAY A1A, #19	
CITY-ST-ZIP	INDIATLANIC FL 32903	
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ Change ☐ Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

CR2E034 (3/95)

14. (Required) I hereby certify that the information supplied with this filing is absolutely furnished and does not qualify for the exemptions 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, added or deleted.

SIGNATURE: X FRANK HEINZE — 6/28/95 — 407-727-1107

SIGNATURE AND TYPED OR PRINTED NAME OF CORPORATE OFFICER OR DIRECTOR — DATE — (Area Code & Daytime Phone Number)

0134154 FP