

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED AND FILED

1995 MAR 23 AM 8:24

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CORPORATION
ANNUAL REPORT
1995**



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

DOCUMENT # P94000079826 (1)

1. Corporation Name
M.C.A. ACCOUNTING SERVICE, INC.

Principal Place of Business Mailing Address
4003 WISHART BLVD TAMPA FL 33603 **4003 WISHART BLVD TAMPA FL 33603**

DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	3a. Date of Last Report
21		2a		10/31/1994	None
Suite, Apt. #, etc.		Suite, Apt. #, etc.		4. FEI Number	Applied For
22		27		59-3272244	(Not Applicable)
City & State		City & State		5. Certificate of Status Desired	\$8.75 Additional Fee Required
23		28		<input type="checkbox"/>	
Zip	Country	Zip	Country	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
24	25	29	30	<input type="checkbox"/>	
9. Name and Address of Current Registered Agent				8. This corporation has liability for intangible tax under S. 193.032, Florida Statutes	
BISHOP, TERRI M 4803 WISHART BLVD TAMPA FL 33603				<input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent	
BISHOP, TERRI M 4803 WISHART BLVD TAMPA FL 33603				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 the 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, typed or printed name of registered agent and that of approver. (NOTE: Registered Agent signature required after filing.)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 1?	
TITLE	DPT	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, TERRI M	1.2 NAME	400001439574
STREET ADDRESS	24338 TWIN LAKE DR	1.3 STREET ADDRESS	-03/24/95--01104--014
CITY-ST-ZIP	LAND O'LAKES FL 34839	1.4 CITY-ST-ZIP	****200.00 ****200.00
TITLE	DVS	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	BISHOP, THOMAS S	2.2 NAME	
STREET ADDRESS	24338 TWIN LAKE DR	2.3 STREET ADDRESS	
CITY-ST-ZIP	LAND O'LAKES FL 34839	2.4 CITY-ST-ZIP	
TITLE		3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE		4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and does not apply for the exemptions related in Sections 193.02, 193.03, Florida Statutes. I further certify that the information is stated 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, if an addressee.

SIGNATURE: TERRI BISHOP Res. 3-7-95 813-873-8571
SIGNATURE AND TYPE IN PRINTED NAME OF REGISTERED OFFICER OR DIRECTOR

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ANNUAL REPORT
1995**



FLORIDA DEPARTMENT OF STATE
2000 N. W. 11th Street
Tallahassee, Florida 32304
352-413-1000 (Toll Free 1-800-352-3434)

DOCUMENT # P94000080374 (9)

1. Corporation Name
WINTER PARK WOMEN'S HEALTH & FITNESS, INC.

Principal Place of Business: **4076 N GOLDENROD RD WINTER PARK FL 32792**
Mailing Address: **4076 N GOLDENROD RD WINTER PARK FL 32792**

3. Date of Incorporation: **10/31/1994** 3a. Date of Annual Report

21. Principal Place of Business: State, Apt # etc.	22. City & State	23. Zip	24. Country	25. State, Apt # etc.	26. City & State	27. Zip	28. Country	29. State, Apt # etc.	30. City & State	31. Filing Number	32. Application Fee
										59-3280547	Next Applicable
											\$8.75 Additional Fee Required
											\$5.00 May Be Added to Fees
											8. This corporation has liability for intangible tax under Fla. Stat. § 218.01, Florida Statutes. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent					
PALLUCK, BERNARD 102 SWEETWATER CLUB BLVD LONGWOOD FL 32779	<table border="1"> <tr><td>01. Name</td></tr> <tr><td>02. Street Address, P.O. Box Number or Post Office</td></tr> <tr><td>03.</td></tr> <tr><td>04. City</td></tr> <tr><td>05. Zip Code</td></tr> </table>	01. Name	02. Street Address, P.O. Box Number or Post Office	03.	04. City	05. Zip Code
01. Name						
02. Street Address, P.O. Box Number or Post Office						
03.						
04. City						
05. Zip Code						

11. Pursuant to the provisions of Section 218.01, Florida Statutes, the above named corporation submits the statement for the purpose of filing its registered office or registered agent, or both, and change was authorized by the corporation's Board of Directors. I hereby accept this appointment as registered agent. I am familiar with, and accept responsibility for, the filing of this statement.

SIGNATURE: *Bernard F. Palluck* **BERNARD F. PALLUCK** **23 FEB 95**

12. OFFICERS AND DIRECTORS		13. ADDITIONAL CHANGES TO REGISTERED AGENTS	
1. NAME	1. NAME	1. NAME	1. NAME
2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS	2. STREET ADDRESS
3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP	3. CITY, ST, ZIP
4. NAME	4. NAME	4. NAME	4. NAME
5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS	5. STREET ADDRESS
6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP	6. CITY, ST, ZIP
7. NAME	7. NAME	7. NAME	7. NAME
8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS	8. STREET ADDRESS
9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP	9. CITY, ST, ZIP
10. NAME	10. NAME	10. NAME	10. NAME
11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS	11. STREET ADDRESS
12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP	12. CITY, ST, ZIP

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-01/24/95--01068--003
****200.00 ****200.00

TAW
3/23/95

14. I, the undersigned, certify that the information supplied with this filing is true and correct, and that I am an officer or director of the corporation. I am authorized to execute this report as required by Florida Statutes, and that the information appears in Block 12 or Block 13 of this filing. I am not a registered agent.

SIGNATURE: *Bernard F. Palluck* **BERNARD F. PALLUCK** **23 FEB 95** **407 788 8859**