FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

PROFIT CORPORATION ANNUAL REPORT

1996

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

DOCUMENT # **P94000080374 (9)**

1. Corporation Name

WINTER PARK WOMEN'S HEALTH & FITNESS, INC.

Principal Place of Business	Mailing Address
4076 N GOLDENROD RD WINTER PARK FL 32792	280 S.R. 434 SUITE 1049 ALTAMONTE SPRINGS FL 32714 US

3. Date Incorporated or Qualified: 10/31/1994	3a. Date of Last Report: 03/23/1995
4. FEI Number: 59-3280547	☐ 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	

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

9. Name and Address of Current Registered Agent

PALLUCK, BERNARD
102 SWEETWATER CLUB BLVD
LONGWOOD FL 32779

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 required when reinstating) DATE _____

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	☐ DELETE	1.1 TITLE	S	☑ Change ☐ Addition
NAME	PALLUCK, EDDIE M		1.2 NAME	MACCEACHIN, WENDY	
STREET ADDRESS	102 SWEETWATER CLUB BLVD.		1.3 STREET ADDRESS	6118 GAMBLE DR.	
CITY-ST-ZIP	LONGWOOD FL 32779		1.4 CITY-ST-ZIP	ORLANDO, FL 32808	
TITLE	EVP	☐ DELETE	2.1 TITLE	VP	☑ Change ☐ Addition
NAME	PALLUCK, BERNARD F		2.2 NAME	MACEACHIN, MARESSA	
STREET ADDRESS	102 SWEETWATER CLUB BLVD.		2.3 STREET ADDRESS	8203 CHELSWORTH DR.	
CITY-ST-ZIP	LONGWOOD FL 32779		2.4 CITY-ST-ZIP	ORLANDO, FL 32835	
TITLE	VP	☐ DELETE	3.1 TITLE		☐ Change ☐ Addition
NAME	KOSTEZYK, PHIL		3.2 NAME		
STREET ADDRESS	626 STANHOPE DR.		3.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		3.4 CITY-ST-ZIP		
TITLE	S	☐ DELETE	4.1 TITLE		☐ Change ☐ Addition
NAME	MACCEACHIN, WENDY		4.2 NAME		
STREET ADDRESS	515 NANTUCKET CT., SUITE #307		4.3 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL		4.4 CITY-ST-ZIP		
TITLE	T	☐ DELETE	5.1 TITLE		☐ Change ☐ Addition
NAME	BOUCHARD, LISA		5.2 NAME		
STREET ADDRESS	1162 A PASSED DELMAR #A		5.3 STREET ADDRESS		
CITY-ST-ZIP	CASSELBERRY FL		5.4 CITY-ST-ZIP		
TITLE	VP	☐ DELETE	6.1 TITLE		☐ Change ☐ Addition
NAME	MACEACHIN, MARESSA		6.2 NAME		
STREET ADDRESS	8531 ROSE GROVE RD.		6.3 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL		6.4 CITY-ST-ZIP		

CR2E034 (12/95)

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 added by this attachment with an address.

SIGNATURE: Bernard F Palluck EX 1/1/96 2-13-96 407-788-8659

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #