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Mar 17 1997 8:00am  
Secretary of State

<b>PROFIT CORPORATION</b> <b>ANNUAL REPORT</b> <b>1997</b>		<b>FLORIDA DEPARTMENT OF STATE</b> <b>Sandra B. Northam</b> Secretary of State DIVISION OF CORPORATIONS
<b>DOCUMENT # P94000080374 (9)</b> 1. Corporation Name <b>WINTER PARK WOMEN'S HEALTH &amp; FITNESS, INC.</b>		
Principal Place of Business <b>4076 N GOLDENROD RD</b> <b>WINTER PARK FL 32792</b>		Mailing Address <b>280 S.R. 434</b> <b>SUITE 1049</b> <b>ALTAMONTE SPRINGS FL 32714-3859</b> <b>US</b>
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24 Country	2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country	30 Country
9. Name and Address of Current Registered Agent <div style="display: flex; justify-content: space-between;"> <div style="width: 80%;"> <b>PALLUCK, BERNARD</b>  <b>102 SWEETWATER CLUB BLVD</b>  <b>LONGWOOD FL 32779</b> </div> <div style="width: 15%;">         81 Name          82 Street Address          83          84 City       </div> </div>		
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, Such change was authorized by the corporation's agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.		
SIGNATURE _____ (NOTE: Registered Agent signature required)		
12. OFFICERS AND DIRECTORS		
1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY - ST - ZIP	P <b>PALLUCK, EDDIE M</b> <b>102 SWEETWATER CLUB BLVD.</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> DELETE
2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY - ST - ZIP	EVP <b>PALLUCK, BERNARD F</b> <b>102 SWEETWATER CLUB BLVD.</b> <b>LONGWOOD FL 32779</b>	<input type="checkbox"/> DELETE
3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY - ST - ZIP	VP <b>KOSTEZYK, PHIL</b> <b>626 STANHOPE DR.</b> <b>CASSELBERRY FL</b>	<input checked="" type="checkbox"/> DELETE
4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY - ST - ZIP	S <b>MACCEACHIN, WENDY</b> <b>6118 GAMBLE DRIVE</b> <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE
5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY - ST - ZIP	T <b>BOUCHARD, LISA</b> <b>1162 A PASSED DELMAR #A</b> <b>CASSELBERRY FL</b>	<input type="checkbox"/> DELETE
6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY - ST - ZIP	VP <b>MACCEACHIN, MARESSA</b> <b>8203 CHESWORTH DRIVE</b> <b>ORLANDO FL</b>	<input type="checkbox"/> DELETE
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in information indicated on this annual report or supplemental information. This report is true and accurate and that I am an officer or director of the corporation or the registered agent, and I am empowered to execute this report. It appears in Block 12 or Block 13 if changed, or changed, and it is not with an address.		
SIGNATURE: _____ <b>Bernard F Palluck</b> SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		

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