DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 7. TALLAHIASSEE 2. Principal Place of Business Suite, Apr. #, etc. City & Strate City &	UNIFO	OR PROFIT	ESS REPOR		BR)	0 10fz
DO NOT WRITE IN THIS SPACE 2. Principal Place of Business 1. Suito, Apr. 4: 60. City & State Cit						FILED ON 1:05
2. Principal Prince of Brainless 7. 17.28 N. UNITUE ASSISTED Cary & State Cary & St						02 DEC 16 FR
Subs, Ap. 4, etc. Subs, Ap. 4, etc. DO NOT WRITE IN THIS SPACE A. HI Number (55-05644 Z.6 Substantial Registers Applied to the Substantial Registers Applied A. Hi Number (55-05644 Z.6 Substantial Registers Applied Registers Applied A. Hi Number (55-05644 Z.6 Substantial Registers Applied Reg	DO	NOT WRITI	E IN THIS	SPAC	E (6)	SECRETARY OF THE CHAPTER OF TALLAHASSEE. THE CHAPTER OF THE CHAPTE
Subs. Apr. 4. CC. City & Strike Cay & Strike A. 12 Number Cay & Strike Cay & Strike A. 12 Number Cay & Strike Cay & Strike A. 12 Number Cay & Strike Cay & Strike Cay & Strike A. 12 Number Cay & Strike Cay & Strike Cay & Strike Cay & Strike A. 12 Number Cay & Strike Cay & Cay & Strike Cay & Ca	•		3. Mailing Address		σ	
APPEAR COUNTY COUNTY S. CO	Suite, Apt. #, etc.		Suite, Apt. #, etc.			DO NOT WRITE IN THIS SPACE
DO NOT WRITE IN THIS SPACE To the above named early submits the streament for the purpose of changing is registered depart of the purpose of the purpose of changing is registered depart of the purpose of changing is registered depart of the purpose of changing is registered depart of the purpose of the purpose of changing is registered depart of the purpose of the purpose of changing is registered depart of the purpose of the purpose of changing is registered depart of the purpose of the purpose of the purpose of changing is registered depart of the purpose of the purpo	City & State TAMPRAC FL		City & State			
DO NOT WRITE IN THIS SPACE Some Address of C. Dav Number is Not Accessibility Show Address of C. Dav Number is Not Accessibility Show Address of C. Dav Number is Not Accessibility Show Address of C. Dav Number is Not Accessibility Show Address of C. Dav Number is Not Accessibility Show Address of C. Dav Number is Not Accessibility Show Address of C. Dav Number is Not Accessibility Show Address of C. Dav Number is Not Accessible in the Accessibility Show Address of C. Dav Number is Not Accessible in the Show Accesi	•		Zip	Coun	try	
Step And the service of the state of the purpose of changing its registrated office or registrated right, or both, in the State of Hoods. Step And Tele Company of Telephone of Changing its registrated office or registrated right, or both, in the State of Hoods. Step And Telephone of the purpose of changing its registrated office or registrated right, or both, in the State of Hoods. Step And Telephone of the purpose of changing its registrated office or registrated right, or both, in the State of Hoods. Step And Telephone of the purpose of changing its registrated office or registrated right, or both, in the State of Hoods. Step And Telephone of the purpose of changing its registrated right, or both, in the State of Hoods. Step And Telephone of the purpose of changing its registrated right, in the State of Hoods. Step And Telephone of the purpose of changing its registrated right. Step And Telephone of the state internation of the Internation						
## The above named entity submits the abbrement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. **This corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation is eligible to satisfy its intengible fast filling requirement and elects to do so. **District Corporation Co	公共10年2月20日 10日 10日 10日 10日 10日 10日 10日 10日 10日 1				Street Arldress	(P.O. Box Number is Not Acceptable)
8. The above named entity submits the statement for the purpose of changing its registance office or registered agent, or both, in the State of Floreta. SIGNATURE					City	FL Zip Code
Synamic good or present case of cognitive appear as job department and effects for the present of the present o	8. The above named e	ntity submits the statement	for the purpose of changin	ng its registen		101 Chack 1030 / 5
ARE MAY 1. Feels \$56,00 May Be Added to Fees \$60,00 may Be		ped or printed name of registered age				
THE NAME STREET ADDRESS CITY ST. 78 THE STREET ADDRESS CITY S	Tax filing requireme	ent and elects to do so.	After Ame Make Check P	May 1, Fee nded UBR 1	s 5550,00 s 3 61,26	Trust Fund Contribution. Added to Fees
ITHE NAME STREET ADDRESS CITY ST JP THE NAME STREET ADDRESS CITY			D DIRECTORS			ENNIGOE TO 4 OF
ITILE NAME STREET ADDRESS CITY ST - 2P TITLE	STREET ADDRESS 52 11	10 EAGLE CAY	PL	STIM	FT-ADDRESS	12/16/0201103011
CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE NAME STREET ADDRESS CITY-ST-ZP TITLE TI	TIFLE NAME		,	NAM		
NAME STREET ADDRESS CITY ST- 2P. DO NOT WRITE THE NAME NAME NAME STREET ADDRESS CITY ST- 2P THE NAME STREET ADDRESS CIT	CITY-ST-ZIP	444		aly	-2)-7h	
CITY ST ZIP. CI	NAME			NAN		
NAME SIRET ADDRESS CITY ST ZIP THE NAME STREET ADDRESS CITY ST ZIP CITY ST ZIP THE NAME STREET ADDRESS				1 A 45 (5)	积级的 公司的 计多级信息	DO NOT WRITE
TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP TITLE NAME STREET ADDRESS CITY-ST-7IP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employment to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employment.	NAME STREET ADDRESS			NAN SIRI	E Et adoress	IN THIS SPACE
STREET ADDRESS CITY-ST-ZIP TITLE NAME STREET ADDRESS CITY-ST-ZIP 13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employered.	TITLE			nu		
NAME STREET ADDRESS CITY-ST-ZIP 13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like employered.	STREET ADDRESS			STRI	ET, ADDRESS	
13. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i). Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under eath; that I am an officer or director of the corporation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address; with all other like employered.	NAME STREET ADDRESS			-NAN -STRI	F FFT Address	
SIGNATURE: VIVIAN FREEHLING 12/12/02 (921)724-3110	13. I hereby certify that indicated on this re of the corporation	or the receiver or trustee er address with all other like	npowered to execute this childowered.	lify for the exe that my signa report as rec	emption stated in S ture shall have the paired by Chapter (607, Florida Statutes; and that my name appears in Block 11 or on an
	SIGNATURE:	Lucin	<u>he Nix</u>	EICER OF MOTO	WIAN FR	28EHLING 12/12/02 (954)724-3110

20FZ

Lord's Gym, Inc. 7138 N. University Drive Tamarac, FL 33321 (954) 724-3110

Uniform Business Report Division of Corporations P.O. Box 1500 Tallahassee, FL 32302-1500

To Whom It May Concern:

It has recently come to my attention that the corporation that I own has not fulfilled the requirements to keep an active status. I did not receive the paperwork for doing so in 2001, therefore the forms were not sent to me in 2002 as well.

Per my conversation with your representative I have enclosed the downloaded forms as well as the payment for the last two years and respectfully ask that you reinstate these corporations and waive the fees.

Thank you for your attention to this matter.

Sincerely.

Vivian Freehling President/CEO

VF/if

enclosures

in the second of the second of

Table in the Assessment of the Control of the Con