

FILE NOW: FILING FEE AFTER MAY 1 IS \$550.00

FILED

Mar 26 1997 8:00am  
Secretary of State

PROFIT CORPORATION ANNUAL REPORT <b>1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **P95000038340 (2)**

1. Corporation Name  
**NEW WORLD FITNESS, INC.**

Principal Place of Business  
**1399 SOUTH BELCHER ROAD  
SUITE 171  
LARGO FL 34641-5237**

Mailing Address  
**8515 W. HILLSBOROUGH AVE.  
TAMPA FL 33615-3809  
US**



2. Principal Place of Business <b>21 World Gym Town N County</b> Suite, Apt. #, etc. <b>22 8515 W. Hillsborough</b> City & State <b>23 Tampa, FL</b> Zip <b>24 33615</b>		2a. Mailing Address <b>26 8515 W. Hillsborough Ave.</b> Suite, Apt. #, etc. <b>27 Hillsborough</b> City & State <b>28 Tampa, FL</b> Zip <b>29 33615</b>		3. Date Incorporated or Qualified <b>05/15/1995</b>		3a. Date of Last Report <b>05/21/1996</b>	
				4. FEI Number <b>59-3315877</b>		Applied For <input type="checkbox"/> Not Applicable	
				5. Certificate of Status Desired <input type="checkbox"/>		<b>\$8.75</b> Additional Fee Required	
				6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		<b>\$5.00</b> May Be Added to Fees	
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent <b>GATTOS, BRYANT 8515 W. HILLSBOROUGH AVE. TAMPA FL 33615</b>				10. Name and Address of New Registered Agent <b>81 Name</b> <b>82 Street Address (P.O. Box Number is Not Acceptable)</b> <b>83</b> <b>84 City</b> <b>FL</b> <b>85 Zip Code</b>			
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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 *Bryant Gattos* (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS				13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
TITLE	P	<input type="checkbox"/> DELETE		1.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATTOS, RITA M			1.2 NAME			
STREET ADDRESS	1649 ROCKY TOP DR.			1.3 STREET ADDRESS			
CITY-ST-ZIP	LILBURN GA			1.4 CITY-ST-ZIP			
TITLE	C	<input type="checkbox"/> DELETE		2.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATTOS, GEORGE			2.2 NAME			
STREET ADDRESS	1649 ROCKY TOP DR.			2.3 STREET ADDRESS			
CITY-ST-ZIP	LILBURN GA			2.4 CITY-ST-ZIP			
TITLE	V	<input type="checkbox"/> DELETE		3.1 TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition	
NAME	GATTOS, BRYANT			3.2 NAME			
STREET ADDRESS	8515 W. HILLSBOROUGH AVE.			3.3 STREET ADDRESS			
CITY-ST-ZIP	TAMPA FL			3.4 CITY-ST-ZIP			
TITLE		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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		<input type="checkbox"/> DELETE		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 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 on an attachment with an address.

SIGNATURE:

*Bryant Gattos* **SIGNATURE REQUIRED**

PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

(813)884-5433

Daytime Phone #

0362420

CR2E034 (9/96)