

**SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 17, 1997.**  
**AMOUNT DUE ON OR BEFORE 9/17/97: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750.)**

APPROVED  
AND  
FILED

*pg 1 of 2*

97 SEP -2 PM 1:46

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

<b>PROFIT CORPORATION ANNUAL REPORT 1997</b>		FLORIDA DEPARTMENT OF STATE <b>Sandra B. Mortham</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P95000040714 (4)**  
 1. Corporation Name  
**TRAINERS GYM, INC.**

Principal Place of Business <b>428 AVON ROAD WEST PALM BEACH FL 33401</b>	Mailing Address <b>428 AVON ROAD WEST PALM BEACH FL 33401</b>
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DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>05/23/1995</b>		3a. Date of Last Report <b>03/21/1996</b>	
4. FEI Number <b>65-0594661</b>		Applied For 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 owes or has paid the current year Intangible Personal Property Tax due June 30. <input type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business 21 <i>Old Brevard</i>		2a. Mailing Address 26 <i>Old Brevard</i>	
22 Suite, Apt. #, etc.		27 Suite, Apt. #, etc.	
23 City & State <i>Palm Beach FL</i>		28 City & State <i>Palm Beach</i>	
24 Zip <i>33408</i>	25 Country <i>FB</i>	29 Zip <i>33408</i>	30 Country <i>FB</i>

9. Name and Address of Current Registered Agent  
**MARX, BRIDGETT  
 739 SUNSET ROAD  
 WEST PALM BEACH FL 33401**

10. Name and Address of New Registered Agent

81 Name
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City <b>FL</b> 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 \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<b>P</b> <input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	<b>MARX, BRIDGETT</b>	1.2 NAME	<b>800002284138--3</b>
STREET ADDRESS	<b>739 SUNSET RD</b>	1.3 STREET ADDRESS	<b>-09/03/97--01075--004</b>
CITY-ST-ZIP	<b>W PALM BEACH FL</b>	1.4 CITY-ST-ZIP	<b>****165.00 ****165.00</b>
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE	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	<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	

*Cl. Alan*  
*9/2/97*

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.

CR2E034 (4/97)

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**TRAINERS GYM**  
**212 BRAZILIAN AVENUE, PALM BEACH, FLORIDA 33480**  
**561.659.4773**

To: State of Florida  
Division of Corporations  
Annual Reports Section  
Post Office Box 1500  
Tallahassee, Florida 32302 - 1500

From: Bridgett Marx

Date: August 14, 1997

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Dear Sirs,

Greetings from Palm Beach.

I am writing in reference to your letter named Second Notice concerning our annual corporate report and tariffs.

This letter stated that I had not sent payment of \$ 165.00 as of this date in response to your First Notice, and that therefore I am now liable for tariffs of \$500.00 and change...

I do hereby state and affirm that I did not ever receive a notice until this second one.

This may indeed be due to the fact that I have moved my business address since our last contact. My new address is as listed above, 212 Brazilian Court, Palm Beach, Florida 33480.

I am enclosing with this statement cheque # 1538, dated this day, in the amount of \$ 165.00 as payment in full.

I do hope this notice of change of address, with my cheque, will clear up matters

If there are any questions you may have, or I may be of service to you, please feel free to write or call upon me at the above listed number at any time.

Yours truly,

Bridgett Marx  
*Bridgett Marx*