SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375.)

PROFIT CORPORATION ANNUAL REPORT **1996**

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

DOCUMENT # P95000051439 (4)

1. Corporation Name

JUPITER SPORTS & WELLNESS CENTER, INCORPORATED

Principal Place of Business
825 U.S. HIGHWAY 1
JUPITER FL 33477

Mailing Address
825 U.S. HIGHWAY 1
JUPITER FL 33477

3. Date Incorporated or Qualified: 06/29/1995
3a. Date of Last Report:
4. FEI Number: 59-3327079 — 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
21 825 S US Highway 1
Suite, Apt #, etc.
22 SUITE 230
City & State
23 JUPITER, FL
Zip
24 33477
Country
25 USA

2a. Mailing Address
26 825 S US HIGHWAY 1
Suite, Apt #, etc.
27 SUITE 230
City & State
28 JUPITER FL
Zip
29 33477
Country
30 USA

9. Name and Address of Current Registered Agent

WEARY, DOUG
825 U.S. HIGHWAY 1
JUPITER FL 33477

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 Doug Weary Director
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS

TITLE	D	☐ DELETE
NAME	WEARY, DOUG	
STREET ADDRESS	117 APPLEWOOD DRIVE	
CITY-ST-ZIP	GREENACRES FL 33463	
TITLE	D	☐ DELETE
NAME	DE LEON, ALVIN A	
STREET ADDRESS	2523 25TH COURT	
CITY-ST-ZIP	JUPITER FL 33477	
TITLE	D	☐ DELETE
NAME	RICKLE, STANLEY	
STREET ADDRESS	783 WINDERMERE WAY	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE	D	☒ DELETE
NAME	BOYD, AMY	
STREET ADDRESS	4224 MAGNOLIA STREET	
CITY-ST-ZIP	PALM BEACH GARDENS FL 33418	
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE		☐ Change ☐ Addition
1.2 NAME		
1.3 STREET ADDRESS		
1.4 CITY-ST-ZIP		
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

CR2E034 (3/96)

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)(k), 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 617, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachment with an address.

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