

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

FILED

Apr 21 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # P95000089032 (3)
 1. Corporation Name
PEAK FITNESS INC.



Principal Place of Business 33-B VENETIAN WAY #60 MIAMI BEACH FL 33139	Mailing Address 33-B VENETIAN WAY #60 MIAMI BEACH FL 33139-8806
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2. Principal Place of Business 21 1253 WASHINGTON AVE. Suite, Apt. #, etc. 22		2a. Mailing Address 26 6011 N. BAYSHORE DR. Suite, Apt. #, etc. 27 TOWNHOUSE 3		3. Date Incorporated or Qualified 11/20/1995	3a. Date of Last Report 04/10/1996
City & State 23 MIAMI BEACH, FL Zip 24 33139		City & State 28 MIAMI, FL Zip 29 33137		4. FEI Number 65-0619146	Applied For <input type="checkbox"/> Not Applicable
Country 25 USA		Country 30 USA		5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/> \$5.00 May Be Added to Fees
7. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No					

9. Name and Address of Current Registered Agent CORPORATE CREATIONS ENTERPRISES, INC. 4521 PGA BLVD. SUITE 211 PALM BEACH GARDENS FL 33418				10. Name and Address of New Registered Agent 81 Name MARK MELANCON 82 Street Address (P.O. Box Number is Not Acceptable) 1253 WASHINGTON AVE 83 84 City MIAMI BEACH		85 Zip Code 33139
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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 Mark Melancon **MARK MELANCON** **4/15/97**
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent's signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	D	<input checked="" type="checkbox"/> DELETE	1.1 TITLE	D	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	MELANCON, MARK		1.2 NAME	MARK MELANCON	
STREET ADDRESS	% 33-B VENETIAN WAY #60		1.3 STREET ADDRESS	6011 N. BAYSHORE DR TOWNHOUSE 3	
CITY-ST-ZIP	MIAMI BEACH FL 33139		1.4 CITY-ST-ZIP	MIAMI, FL 33137	
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		

14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(j), 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: Mark Melancon **MARK MELANCON** **4/15/97** **305/521-1224**

CR2E034 (9/96)