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 # P95000094820 (4)

1. Corporation Name

EXPRESS FITNESS, INC.

Principal Place of Business	Mailing Address
355-39TH AVE ST PETERSBURG BEACH FL 33706	355-39TH AVE ST PETERSBURG BEACH FL 33706

3. Date Incorporated or Qualified: 12/13/1995
3a. Date of Last Report: 1st Report
4. FEI Number: ☑ Applied For ☐ Not Applicable

2. Principal Place of Business
21 355-39th Ave
Suite, Apt. #, etc.
22 St-Pete Bch
City & State
23 FlA
Zip
24 33706
Country
25 U.S.

2a. Mailing Address
26 P.O. Box 66841
Suite, Apt. #, etc.
27 St. Pete Bch
City & State
28 FlA
Zip
29 33716-6841
Country
30 U.S

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

9. Name and Address of Current Registered Agent

BAILLIE, DEBRA A
355-39TH AVE
ST PETERSBURG BEACH FL 33706

10. Name and Address of New Registered Agent: Same
81 Name: DEBRA BAILLIE
82 Street Address (P.O. Box Number is Not Acceptable): 355-39th Ave
83 St. Pete Beach
84 City: FlA FL
85 Zip Code: 33706

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: Debra Baillie — Date: 8/2/96
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS — Only One

TITLE	Owner
NAME	DEBRA Baillie
STREET ADDRESS	355-39th Ave
CITY-ST-ZIP	St Pete Beach FlA 33706 ☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	☐ DELETE
TITLE	
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		☐ Change ☐ Addition
2.1 TITLE		
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		☐ Change ☐ Addition
3.1 TITLE		
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		☐ Change ☐ Addition
4.1 TITLE		
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		☐ Change ☐ Addition
5.1 TITLE		
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		☐ Change ☐ Addition
6.1 TITLE		
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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: Debra Baillie — 8/2/96 — (813) 360-5088
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (3/96)

0107633 CP