

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

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May 07 1997 8:00am
Secretary of State

PROFIT CORPORATION
ANNUAL REPORT
1997

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
355-39TH AVE
ST PETERSBURG BEACH FL 33706

Mailing Address
P.O. BOX 66841
ST PETERSBURG BEACH FL 33796-6841
US

2. Principal Place of Business
21 355-39th Ave xue
Suite, Apt. #, etc. 33109
22 ST. PETE. BEACH, FLA
City & State
23
Zip 33706 Country U.S.
24

2a. Mailing Address
26 P.O. Box 66841
Suite, Apt. #, etc.
27 ST. PETE. BEACH, FLA
City & State
28
Zip 33716 Country U.S.
29 30

3. Date Incorporated or Qualified 12/13/1995
34. Date of Last Report 08/12/1996
4. FEI Number 159-3151665
APPLIED FOR
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

81 Name W/A
82 Street Address (P.O. Box Number is Not Acceptable)
83
84 City
85 Zip Code FL

10. Name and Address of New Registered Agent

11. Pursuant to the provisions of Sections 607.0107 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 A. Baillie
Signature, typed or printed name of registered agent and fee, if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS

| TITLE | NAME | STREET ADDRESS | CITY-ST-ZIP | DELETE |
|-------|---------------|-----------------|-------------------------|--------------------------|
| 0 | BAILLE, DEBRA | 355-39TH AVENUE | ST. PETERSBURG BEACH FL | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> |

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

| 1.1 TITLE | 1.2 NAME | 1.3 STREET ADDRESS | 1.4 CITY-ST-ZIP | Change | Addition |
|-----------|----------|--------------------|-----------------|--------------------------|--------------------------|
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
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| | | | | <input type="checkbox"/> | <input type="checkbox"/> |
| | | | | <input type="checkbox"/> | <input type="checkbox"/> |

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
4/10/97

CR2E034 (9/96)