

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

FILED

May 13 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 # P96000003729 (6)

1. Corporation Name
FITNESS WORKS OF SWFL, INC.



Principal Place of Business 4521 BAY BEACH LANE, #221 FORT MYERS FL 33931	Mailing Address 4521 BAY BEACH LANE, #221 FORT MYERS FL 33931-4980
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2. Principal Place of Business 21 14756 Old Mill Pond Court Suite, Apt. #, etc. 22 City & State 23 Ft. Myers, FL 24 Zip 33908 25 Country U.S.		2a. Mailing Address 26 14756 Old Mill Pond Court Suite, Apt. #, etc. 27 City & State 28 Ft. Myers, FL 29 Zip 33908 30 Country U.S.		3. Date Incorporated or Qualified 01/08/1996	3a. Date of Last Report N/A	4. FEI Number 65-0633077	Applied For Not Applicable
				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		
				8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			

9. Name and Address of Current Registered Agent TWELE, CHRISTINE R 4521 BAY BEACH LANE, #221 FORT MYERS FL 33931				10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 14756 Old Mill Pond Court 83 84 City Ft. Myers FL 85 Zip Code 33908			
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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 Christine R. Twle DATE 4/25/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	PVST <input type="checkbox"/> DELETE	1.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWELE, CHRISTINE R	1.2 NAME	
STREET ADDRESS	4521 BAY BEACH LANE, #221	1.3 STREET ADDRESS	14756 Old Mill Pond Court
CITY-ST-ZIP	FORT MYERS FL 33931	1.4 CITY-ST-ZIP	Ft. Myers, FL 33908
TITLE	D <input type="checkbox"/> DELETE	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	TWELE, CHRISTINE R	2.2 NAME	
STREET ADDRESS	4521 BAY BEACH LANE, #221	2.3 STREET ADDRESS	14756 Old Mill Pond Court
CITY-ST-ZIP	FORT MYERS FL 33931	2.4 CITY-ST-ZIP	Ft. Myers, FL 33908
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)(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: Christine R. Twle DATE: 4/25/97 1041437-9349

CR2E034 (9/96)