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May 16 1997 8:00am
Secretary of State

PROFIT
CORPORATION
ANNUAL REPORT
1997



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

DOCUMENT # P96000005599 (1)

1. Corporation Name

HOLLYWOOD FITNESS PRO, INC.



Principal Place of Business

%DAVID J MARUSZAK
8846 PALMETTO CIR S #1110
BOCA RATON FL 33433

Mailing Address

%DAVID J MARUSZAK
8846 PALMETTO CIR S #1110
BOCA RATON FL 33433-3596

3. Date Incorporated or Qualified

01/17/1996

3a. Date of Last Report

2. Principal Place of Business

21 Suite, Apt. #, etc.

22 City & State

23 Zip Country

24 25

2a. Mailing Address

26 Suite, Apt. #, etc.

27 City & State

28 Zip Country

29 30

4. FEI Number

65-0644505

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

9. Name and Address of Current Registered Agent

MARUSZAK, DAVID J
1301 NW 12TH AVE
APT 413
BOCA RATON FL 33486

10. Name and Address of New Registered Agent

81 Name

DAVID J. MARUSZAK

82 Street Address (P.O. Box Number is Not Acceptable)

8846 PALMETTO CIRCLE S. # 1110

83

84 City

BOCA RATON

FL

85 Zip Code

33433

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

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reappointing)

DATE

12. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP

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13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.2 TITLE NAME STREET ADDRESS CITY-ST-ZIP

1.3 TITLE NAME STREET ADDRESS CITY-ST-ZIP

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1.25 TITLE NAME STREET ADDRESS 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.

CR2E034 (9/96)