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Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1997

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

DOCUMENT # **P96000025862 (9)**

1. Corporation Name
PREMIER FITNESS, INC.

Principal Place of Business	Mailing Address
11612 N NEBRASKA AVE. SUITE C TAMPA FL 33612	11612 N NEBRASKA AVE. SUITE C TAMPA FL 33612-5760

3. Date Incorporated or Qualified: 03/25/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 14729 No. Dale Mabry	26 14729 No Dale Mabry
22 Suite, Apt. #, etc: Hwy	27 Suite, Apt. #, etc: Hwy
23 City & State: Tampa FL.	28 City & State: Tampa FL
24 Zip: 33618 25 Country: U.S.A.	29 Zip: 33618 30 Country: U.S.A.

4. FEI Number: 59-3377281 ☐ 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	10. Name and Address of New Registered Agent
HARRELL, WESLEY 11612 N NEBRASKA AVE, SUITE C TAMPA FL 33612	81 Name: Harrell Wesley S. 82 Street Address (P.O. Box Number is Not Acceptable): 14729 No Dale Mabry Hwy 83 84 City: Tampa FL 85 Zip Code: 33618

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: Wesley S. Harrell President Wesley S. Harrell 4/29/97
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D ☐ DELETE	1.1 TITLE	President eg VP ☐ Change ☐ Addition
NAME	HARRELL, WESLEY	1.2 NAME	Wesley Harrell Wesley S.
STREET ADDRESS	11612 N NEBRASKA AVE, SUITE C	1.3 STREET ADDRESS	14729 no. Dale Mabry Hwy
CITY-ST-ZIP	TAMPA FL 33612	1.4 CITY-ST-ZIP	Tampa FL 33618
TITLE	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME		2.2 NAME	
STREET ADDRESS		2.3 STREET ADDRESS	
CITY-ST-ZIP		2.4 CITY-ST-ZIP	
TITLE	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME		3.2 NAME	
STREET ADDRESS		3.3 STREET ADDRESS	
CITY-ST-ZIP		3.4 CITY-ST-ZIP	
TITLE	☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY-ST-ZIP		4.4 CITY-ST-ZIP	
TITLE	☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE	☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY-ST-ZIP		6.4 CITY-ST-ZIP	

CR2E034 (9/96)

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: Wesley S. Harrell Wesley Harrell 4/29/97 813 961-8802
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #