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

FILED Apr 30 1998 8:00am FLORIDA DEPARTMENT OF STATE CORPORATION Sandra B. Mortham Secretary of State ANNUAL REPORT Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # P96000030497 (7) PRIME FITNESS, INC. Principal Place of Business Mailing Address 8535 BAYMEADOWS ROAD 8535 BAYMEADOWS ROAD DO NOT WRITE IN THIS SPACE JACKSONVILLE FL 32256 JACKSONVILLE FL 32256 3. Date Incorporated or Qualified 04/01/1996 2. Principal Place of Business 2a. Mailing Address 4. FEI Number Applied For 21 26 59-3384070 Not Applicable Suite, Apt. #, etc. Suite Ant #. etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 Trust Fund Contribution Added to Fees 28 Ζφ Country Country Ζıp 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes □ No 30 24 25 20 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name KIRKLAND, JARED 8535 BAYMEADOWS ROAD Street Address (P.O. Box Number is Not Acceptable) SUITE 31 83 JACKSONVILLE FL 32256 84 City Zip Code 85 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 (NOTE: Registered Agent signature required when reinstating 12 OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE DELETE ☐ Change Addition KIRKLAND, JARED O NAME 1.2 NAME 3R2E034 8535 BAYMEADOWS ROAD, SUITE 31 STREET ADDRESS 1.3 STREET ADDRESS JACKSONVILLE FL 32258 CITY-ST-ZIP 1.4 CITY-ST-7IP DELETE Change Addition 2.1 TITLE TITLE KIRKLAND, GRANVEL S NAME 2.2 NAME 8535 BAYMEADOWS ROAD, SUITE 31 STREET ADDRESS 2.3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 2 4 CITY-ST-ZIP DELETE Change Addition 3 1 TITLE TIFLE KIRKLAND, MARGARET A NAME 3.2 NAME 8535 BAYMEADOWS ROAD, SUITE 31 STREET ADDRESS 3 3 STREET ADDRESS JACKSONVILLE FL 32256 CITY-ST-ZIP 34. CITY-ST-ZIP ☐ Addition DELETE Change 41 TITLE TITLE 4. 2 NAME NAME 4.3 STREET ADDRESS STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change Addition TITLE 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 54 CITY-ST-ZIP DELETE ☐ Change ☐ Addition 61 TITLE TITLE NAME 62 NAME

6.3 STREET ADDRESS

4/22/98

(904)636-0806

64 CITY - ST - ZIP

14. I hereby certify that the information supplied with this hing 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 chapter 607, or or an attachment with an address

STREET ADDRESS

SIGNATURE:

CITY-ST-ZIP