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FILED

**Jan 23 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 # P96000071180 (9)

1. Corporation Name
P & S FITNESS, INC.



Principal Place of Business
**669 FIRST AVENUE NORTH
ST PETERSBURG FL 33701**

Mailing Address
**669 FIRST AVENUE NORTH
ST PETERSBURG FL 33701-3601**

3. Date Incorporated or Qualified 08/27/1996		3a. Date of Last Report	
4. FEI Number 65-0699918		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 type="checkbox"/> Yes <input type="checkbox"/> No			

2. Principal Place of Business		2a. Mailing Address	
21 Suite, Apt. #, etc.	26 Suite, Apt. #, etc.	27 City & State	
22 City & State	28 City & State	29 Zip	
23 Zip	25 Country	30 Zip	Country

9. Name and Address of Current Registered Agent		10. Name and Address of New Registered Agent	
PIPER, JAN J 669 FIRST AVENUE NORTH ST PETERSBURG FL 33701		81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City FL 85 Zip Code	

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) _____ DATE _____

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPER, PATRICK H	1.2 NAME	
STREET ADDRESS	6223 THIRD STREET SO	1.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33705	1.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	PIPER, JAN J	2.2 NAME	
STREET ADDRESS	6223 THIRD STREET SO	2.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33705	2.4 CITY - ST - ZIP	
TITLE	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SUGDEN, J S	3.2 NAME	
STREET ADDRESS	1532 EDEN ISLE BLVD NE	3.3 STREET ADDRESS	
CITY - ST - ZIP	ST PETERSBURG FL 33704	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: *Scott Sugden* **Scott Sugden** **1-14-97** **(813) 844-0333**
 _____ Date _____ Daytime Phone # _____

CR2E034 (9/96)