FILE NOW: FILING FEE AFTER MAY 1 IS $55.00

PROFIT CORPORATION ANNUAL REPORT

1997

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

APPROVED AND FILED

1997 JUN 13 PM 3:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # P96000085260 (3)

1. Corporation Name
CHAMPION PHYSICQUES, INC.
PHYSIQUES

Principal Place of Business
2301 W SAMPLE RD
POMPANO BEACH FL 33073

Mailing Address
PO BOX 938845
MARGATE FL 33093-8845

2. Principal Place of Business
21 1985 NE 3rd St
Suite, Apt #, etc.
22 Apt #3
23 City & State: Deerfield Beach FL
24 Zip: 33441
25 Country

2a. Mailing Address
26 P.O. Box 938845
Suite, Apt #, etc.
27
28 City & State: Margate FL
29 Zip: 33093
30 Country

3. Date Incorporated or Qualified: 10/14/1996

3a. Date of Last Report

4. FEI Number: 65-0703307 — 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
RALABATE, MICHELE A
2301 W SAMPLE RD
POMPANO BEACH FL 33073
Sure registered Agent
change of Address

10. Name and Address of New Registered Agent
81 Name: MICHELE A. RALABATE
82 Street Address (P.O. Box Number is Not Acceptable): 1985 NE 3rd St
83 Apt #3
84 City: Deerfield Beach FL
85 Zip Code: 33441

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: Michele A. Ralabate
Signature, typed or printed name, of registered agent and title, if applicable (NOTE: Registered Agent signature required when resigning) DATE

12. OFFICERS AND DIRECTORS

TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
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STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		☐ DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	vice President	☐ Change ☑ Addition
1.2 NAME	Brian Amendola	
1.3 STREET ADDRESS	4840 E Mariners way	
1.4 CITY-ST-ZIP	Coconut Creek, FL 33063	
2.1 TITLE		☐ Change ☐ Addition
2.2 NAME		
2.3 STREET ADDRESS		
2.4 CITY-ST-ZIP		
3.1 TITLE		☐ Change ☐ Addition
3.2 NAME		
3.3 STREET ADDRESS		
3.4 CITY-ST-ZIP		
4.1 TITLE		☐ Change ☐ Addition
4.2 NAME		
4.3 STREET ADDRESS		
4.4 CITY-ST-ZIP		
5.1 TITLE		☐ Change ☐ Addition
5.2 NAME		
5.3 STREET ADDRESS		
5.4 CITY-ST-ZIP		
6.1 TITLE		☐ Change ☐ Addition
6.2 NAME		
6.3 STREET ADDRESS		
6.4 CITY-ST-ZIP		

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6/16/97

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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: Michele A. Ralabate 4/22/97 954 418-0991