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

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State
DIVISION OF CORPORATIONS

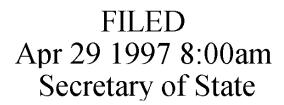
1997

DOCUMENT # P96000091236 (5)

PRIVATE WORKOUT, INC.

Principal Place of Business
P O BOX 747

Mailing Address





P O BOX 747 TAVERNIER FL 3	3070			P O BOX 747 FAVERNIER FL 33070-0747							
							<ol> <li>Date Incorporated or Qualif</li> <li>11/04/1996</li> </ol>	ed <b>3a.</b> D	3a. Date of Last Report		
2, Principal Pla			28.	Mailing Address	****	Hital	4, FEI Number	2	A	Applied For	
u 8800		5005			WISE OS	_Highway	65-070320	2	<del></del>	ot Applicable	
Suite, Apt #	etc		J 27	Suite, Apt. #, etc.		5. Certificate of Status Desired		\$8.75 Additional Fee Required			
City & State  3 <b>ISIOM</b>	orada	Floric	28	City & State  Islamora		rida	6. Election Campaign Financir Trust Fund Contribution	<sup>©</sup> □		May Be I to Fees	
al <sup>zip</sup> 3303	h	Country	n	Zip 2202/	Cour	itry	This corporation has liability			s. 199.032,	
4 7000		<u>U.D.</u> I	29	33036	30	J.S.A.	Fiorida Statutes  10. Name and Address of New	Yes			
			Current Regis	stelen waeut		81 Name	10. Name and Address of Net	1 undisteran	Agent		
	-FITZDAM, M				Į	714110	,				
	LANTATION /				ſ	Street Address (P.O. Box Number is Not Acceptable)					
TAVE	RNIER FL 330	170			}	B3		<del></del>			
						"	•				
					[	84 City	- 1	FL	<b>85</b> Zip	Code	
11 Purcusat to	the provisions	of Sections 6	07 0502 and 6	O7 1508 Florida St	atules the sh	ove-named corn	oration submits this statement for		e L L	its registered	
office or reg agent. I am	gistered agont, familiar with, a	or both, in the ind accept the	e State of Flori e obligations o	da. Such change w f, Section 607.0505	ras authorized , Florida Statu	by the corporati	oration submits this statement for ion's board of directors. I hereby a	ccept the app	oointment as	s registered	
signature <sub>- 57</sub>	gratine (grad or pro	oted name of regist	lened agent and tile	if applicable	(NOTE Registered	Agent signature require	ed when reinstating)	DATE			
12.			RS AND DIRE		13.		ADDITIONS/CHANGES TO C	FFICERS AN	D DIRECTO	RS IN 12	
nat <b>e</b>	D/Presiden	ìt		L., DELETE	1.1 TIT	.E			Change	Additio	
4AME	Joseph		<u>'</u>		1.2 NA	ME .					
JEEUT ADDRESS		ation Av			1.3 STF	EET ADDRESS					
aty-St-ZiP		vier F	33070		1.4 CIT	Y-ST-ZIP					
THE	D/V.P.	64 <b>4</b> 00-4 -4 -3 T		DELETE	2.1 TIT	.E			Change	Additio	
NAME	Linda I	Baiz			2.2 NA	ME					
STREET ADDRESS	\$7961 0	ld Highwa	Net		2.3 Sf1	REET ADDRESS		·			
011Y - \$1 - 7(F)	Islamo	rodd, Fl	33036		2.4 CI	FY-ST-ZIP	1				
HILE	D/ Secu			DELETE	3.1 717	.E			Change	Additio	
PAME		Otto-F	itedam.		3.2 NA	ME					
STREET ADDRESS	134 PM	ntation	Day		3.3 \$1	REET ADDRESS					
211Y - \$1 - 74F		iler, fl.			3.4. CI	Y-ST-ZIP	·				
The	D/ Treas.	44 M M M M		DELETE	4.1 To				Change	Additio	
NAME		Chuik			4. 2 NA	ME					
STREET ADDRESS		5 SlaviK erseas Au	4944		4.3 STI	REET ADDRESS					
CITY - ST ZIP	TSIOM	1 KIN'T	1 <sup>4</sup> 33036			Y-ST-ZIP					
FLE		hi mwa 1.1	11	DELETE	5.1 TIT	·····-			Change	Additio	
IAM{				•	5.2 NA	Mε			-		
STREET ADDRESS						REET ADDRESS					
DITY-ST-ZII						Y-ST-ZIP					
TLF				DELETE					Change	Additio	
IAMî					62 NA	- 1					
STREET ADDRESS						REET ADDRESS					
CITY-SI-7IP						Y-ST-ZIP					
	conduithat the	information e	uppled with the	hie filme door not e			I in Section 119.07(3)(i), Florida Sta	atutos I fuethe	or continue 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: YNOUTO OUTO- Citydam Secil. Otto-Fitzdam 4/20/97 (305)852-2834