FILE NOW: FILING FEE AFTER MAY 1 IS $550.00

FILED
Mar 31 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 # **P96000099320 (9)**

1. Corporation Name
ULTIMATE FITNESS CENTER FOR PERSONAL EXERCISE IN STRUCTION, INC.

Principal Place of Business	Mailing Address
P.O. BOX 409 WINDERMERE FL 34786	P.O. BOX 409 WINDERMERE FL 34786-0409

3. Date Incorporated or Qualified: 12/09/1996
3a. Date of Last Report:

2. Principal Place of Business	2a. Mailing Address
21 400 W. NEW ENGLAND	26 400 W. NEW ENGLAND
Suite, Apt. #, etc. 22 #7	Suite, Apt. #, etc. 27 #7
City & State 23 WINTER PARK, FL.	City & State 28 WINTER PARK, FL.
Zip 24 32789 Country 25 USA.	Zip 29 32789 Country 30 U.S.A.

4. FEI Number: 59-3415171 ☐ 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**

BAYE, ANDREW
400 WEST NEW ENGLAND AVENUE
WINTER PARK FL 32789

10. **Name and Address of New Registered Agent**

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's 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 ☑ Change ☐ Addition
NAME	BAYE, ANDREW	1.2 NAME	Andrew M. Baye
STREET ADDRESS	400 W NEW ENGLAND DR (#7)	1.3 STREET ADDRESS	400 W. New England Ave #7
CITY-ST-ZIP	WINTER PARK FL 32789	1.4 CITY-ST-ZIP	Winter Park, FL 32789
TITLE	D ☐ DELETE	2.1 TITLE	V. PRESIDENT ☑ Change ☐ Addition
NAME	FLECK, PETER	2.2 NAME	
STREET ADDRESS	9054 RON DEN LN	2.3 STREET ADDRESS	
CITY-ST-ZIP	WINDERMERE FL 34786	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: _____ Andrew M. Baye 3/10/97 407-629-0004
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone # 0010055