

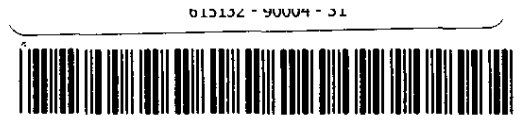
OND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 15, 1999.  
MOUNT DUE ON OR BEFORE 09/15/99: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT 1999  
FLORIDA DEPARTMENT OF STATE  
Katherine Harris Secretary of State  
DIVISION OF CORPORATIONS

DOCUMENT # P97000059824  
Corporation Name ISLAND FITNESS PALM BEACH, INC.

FILED  
Sep 15, 1999 8:00 am  
Secretary of State  
09-15-1999 90004 031 \*\*\*550.00

Principal Place of Business  
CHILIAN AVE  
M BEACH FL 33480  
Mailing Address  
165 CHILIAN AVE.  
PALM BEACH FL 33480  
US



Principal Place of Business  
Suite, Apt. #, etc.  
City & State  
Zip  
Country  
25  
26  
27  
28  
29  
30

DO NOT WRITE IN THIS SPACE  
3. Date Incorporated or Qualified  
07/09/1997  
4. FEI Number  
65-0766021  
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 owes the current year  
Intangible Personal Property.  
Yes No

9. Name and Address of Current Registered Agent  
C T CORPORATION SYSTEM  
1200 SOUTH PINE ISLAND ROAD  
PLANTATION FL 33324

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

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.

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

OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
1. NAME	<input type="checkbox"/> DELETE	1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2. ADDRESS		1.2 NAME	
3. CITY-STATE-ZIP		1.3 STREET ADDRESS	
4. CITY-STATE-ZIP		1.4 CITY-STATE-ZIP	
5. NAME	<input type="checkbox"/> DELETE	2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6. ADDRESS		2.2 NAME	
7. CITY-STATE-ZIP		2.3 STREET ADDRESS	
8. CITY-STATE-ZIP		2.4 CITY-STATE-ZIP	
9. NAME	<input type="checkbox"/> DELETE	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
10. ADDRESS		3.2 NAME	
11. CITY-STATE-ZIP		3.3 STREET ADDRESS	
12. CITY-STATE-ZIP		3.4 CITY-STATE-ZIP	
13. NAME	<input type="checkbox"/> DELETE	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
14. ADDRESS		4.2 NAME	
15. CITY-STATE-ZIP		4.3 STREET ADDRESS	
16. CITY-STATE-ZIP		4.4 CITY-STATE-ZIP	
17. NAME	<input type="checkbox"/> DELETE	5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. ADDRESS		5.2 NAME	
19. CITY-STATE-ZIP		5.3 STREET ADDRESS	
20. CITY-STATE-ZIP		5.4 CITY-STATE-ZIP	
21. NAME	<input type="checkbox"/> DELETE	6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. ADDRESS		6.2 NAME	
23. CITY-STATE-ZIP		6.3 STREET ADDRESS	
24. CITY-STATE-ZIP		6.4 CITY-STATE-ZIP	

I 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: [Signature] THOMAS V. THOMAS PRESIDENT 9-5-99 561-655-5554

CR2E034 (5/99)