SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998. AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

PROFIT CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000072575 (8)

WINTER SPRINGS HEALTH CLUB, INC.

Principal Place of Business Mailing Address 1425 TUSCANILLA RD 1425 TUSCANILLA RD. WINTER SPRINGS FL 32708 WINTER SPRINGS FL 32708 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 08/21/1997 2. Principal Place of Business 2a. Mailing Address Applied For Not Applicable 26 Sulte, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 209 Fee Required 22 27 City & State City & State \$5.00 May Be 6. Election Campaign Financing 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. Yes No 24 25 29 30 Personal Property Tax due June 30. 10. Name and Address of New Registered Agent 9. Name and Address of Current Registered Agent 81 Name CASSESE, PATRICIA 1425 TUSCANILLA RD. Street Address (P.O. Box Number is Not Acceptable) WINTER SPRINGS FL 32708

Pursuant to the provisions of sections 607.0502 and 607.1508, Florida Statutus, 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.

APT # 100

SIGNATURE Signature, typed or printed name of registered agent and little if applicable (NOTE: Registered Agent signature required when reinstating) 12. OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. TITLE 1 TITLE DELETE Change Addition NAME CASSESE, PATRICIA 1425 TUSCANILLA RD. STREET ADDRESS 1.3 STREET ADDRESS WINTER SPRINGS FL 32708 1.4 CITY-ST-ZIP CITY-ST-ZIP TITLE DELETE 2.1 TITLE Addition NAME PALUMBO, GAETANA 2.2 NAME STREET ADDRESS 1425 TUSCANILLA RD. 2.3 STREET ADDRESS WINTER SPRINGS FL 32708 CITY-ST-ZIP 2.4 CHY-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 NAME 4.2 NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP 5.1 TITLE TITI F DELETE Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP TITLE 6.1 TITLE DETETE Addition 200002612**4**T NAME 6.2 NAME **-0**8/11/98--01020-**-0**03 STREET ADDRESS 6.3 STREET ADDRESS ***150.00 CITY-ST-ZIP

14. 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.

7/30/98

CR2E034 (5/98)

Zip Code

FILED

Aug 07 1998 8:00am

Secretary of State



The World's Leading Fitness Center Franchise

July 30, 1998

Annual Reporte Filings P.O. Box 1500 Tallahassee, Tl 32302-1500

alear Sir. I received this second notice for my Corporate report yesterday 7/29/98. I don't know how I received this second notice when I never received the first one. In speaking with Shenika she told me To pay the annual fee of 150,00 and enclose this note. If any further information or call me. Thank you. Sencerely

Factorial alumbo