


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

**FILED**  
**May 10, 1999 8:00 am**  
**Secretary of State**

05-10-1999 90062 040 \*\*\*150.00

05-47779

<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>		FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS
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**DOCUMENT # P98000026913**

1. Corporation Name  
**P & BL GYMS, INC.**

Principal Place of Business 2960 SOUTH GATE DRIVE ALEXANDRIA VA 22306	Mailing Address 2960 SOUTH GATE DRIVE ALEXANDRIA VA 22306
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DO NOT WRITE IN THIS SPACE

2. Principal Place of Business		2a. Mailing Address		3. Date Incorporated or Qualified	
21 5920 REAUG LAKE RD	26 GOLD'S GYM	03/20/1998		4. FEI Number	
Suite, Apt. #, etc.	Suite, Apt. #, etc.	52-2091343		Applied For	
22	27 5920 REAUG LAKE RD	5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required	
City & State	City & State	6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>		\$5.00 May Be Added to Fees	
23 WINTER SPRINGS FLA	28 WINTERSPRINGS FLA	8. This corporation owes the current year Intangible Personal Property Tax. <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Zip Country	Zip Country				
24 32708 25 SEMINOLE	29 32708 30 SEMINOLE				

9. Name and Address of Current Registered Agent

**KOPELOWITZ, HARVEY ESQ**  
**312 SE 17TH ST, 2ND FLOOR**  
**FT LAUDERDALE FL 33316**

10. Name and Address of New Registered Agent

81 Name **BRENDA J. LEWIS**

82 Street Address (P.O. Box Number is Not Acceptable)  
**2732 LAKE HOWELL LN**

83 ~~WINTER~~

84 City **WINTER PARK** FL 85 Zip Code **32792**

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 signature required when reinstating) DATE \_\_\_\_\_

12. OFFICERS AND DIRECTORS

TITLE	<b>D</b> <input type="checkbox"/> DELETE
NAME	<b>LEWIS, PLEASANT</b>
STREET ADDRESS	<b>2960 SOUTH GATE DRIVE</b>
CITY-ST-ZIP	<b>ALEXANDRIA VA 22306</b>
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	<input type="checkbox"/> DELETE
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<b>P</b> <input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	<b>LEWIS, PLEASANT</b>
1.3 STREET ADDRESS	<b>2732 LAKE HOWELL LN</b>
1.4 CITY-ST-ZIP	<b>WINTER PARK FLA 32792</b>
2.1 TITLE	<b>V/T/S</b> <input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	<b>LEWIS, BRENOA</b>
2.3 STREET ADDRESS	<b>2732 LAKE HOWELL LN</b>
2.4 CITY-ST-ZIP	<b>WINTER PARK FLA 32792</b>
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 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, with all other like empowered.

SIGNATURE:  DATE: **5-1-99** Daytime Phone #: **407-619-0008**

CR2E034 (1/198)