FILED 2000 UNIFORM BUSINESS REPORT (UBR) Jan 27, 2000 8:00 am Secretary of State OCUMENT # **P99000023938** RECREATIONAL FITNESS, INC. 01-27-2000 90019 001 ***150.00 ກ່າວໄດ້ລັກ Place of Business Mailing Address HAMPTON BOULEVARD 1240 HAMPTON BOULEVARD 0012300CHITE 426 LAUDERDALE FL 33068 NORTH LAUDERDALE FL 33068 5363-Principal Place of Business 3. Mailing Address 3001 SOUTH 3001 SOUTH COURSE Suite, Apt. #, etc. DO NOT WRITE IN THIS SPACE City & State 4. FEI Number Applied For FL Fζ 65 0898075 Not Applicable Country Country Zip \$8.75 Additional 5. Certificate of Status Desired 33069 USA Fee Required USA 7. Name and Address of New Registered Agent 6. Name and Address of Current Registered Agent JOHN WHEELER JOHN D. WHEELER SPIEGEL-&-UTRERA, P.A. 3001 S. COURSE DR. BUD18 Street Address (P.O. Box Number is Not Acceptable) 343 ALMERIA AVENUE POMPANO BCK FL 33069 CORAL GABLES FL 33194 # 107 Zio Code 3069 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida SIGNATURE . Signature, typed or printed r FILE NOW!!! FEE IS \$150.00 9. This corporation is eligible to satisfy its Intangible \$5.00 May Be 10. Election Campaign Financing Tax filing requirement and elects to do so. After MAY 1, 2000 Fee will be \$550.00 Trust Fund Contribution. Added to Fees (See criteria on back) Make Check Payable to Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 OFFICERS AND DIRECTORS 12. 11. ☐ Addition PTD ☐ Delete TITI F WHEELER JOHN) WHEELER, JOHN D NAME 3001 S. COURSE DR BLD 18 # 107 STREET ADDRESS STREET ADDRESS 1240 HAMPTON BOULEVARD POMPANO BCL EL 33069 CITY-ST-ZIP CITY-ST-ZIP **NORTH LAUDERDALE FL 33068** TITLE ☐ Delete TITLE WHEELER MARIA E WHEELER, MARIA E NAME NAME 300/ S- COURSE DR BLD 18 # 107 STREET ADDRESS STREET ADDRESS 1240 HAMPTON BOULEVARD Pompano Bch Fl 33069 CITY-ST-ZIP CITY-ST-ZIP NORTH LAUDERDALE FL 33068 ☐ Delete ■ Addition TITLE NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Defete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIF CITY-ST-ZIP ☐ Change ☐ Addition ☐ Delete TITLE TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY ST-ZIP CITY-ST-ZIP 13. Thereby 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 report or supplemental 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 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

SIGNATURE AND TYPES OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR