FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT **1995**

FLORIDA DEPARTMENT OF STATE
Sandra B. Mortham
Secretary of State
DIVISION OF CORPORATIONS

APPROVED AND FILED

95 MAR -8 AM 8:09

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # S40408 (4)

1. Corporation Name

WOMEN'S HEALTH AND FITNESS, INC.

Principal Place of Business	Mailing Address
7262 7261 W COLONIAL DR. ORLANDO FL 32818 US	280 STATE ROAD #434 1049 ALTAMONTE SPRINGS FL 32714 US

DO NOT WRITE IN THIS SPACE.

3. Date Incorporated or Qualified	3a. Date of Last Report
03/22/1991	01/20/1994

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

4. FEI Number: 59-3058748 ☐ 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	10. Name and Address of New Registered Agent
PALLUCK, BERNARD 280 STATE ROAD - 434 SUITE 1049 ALTAMONTE SPRINGS FL 32714	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 _____ DATE
(If changing, type or print name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	P	11 TITLE	EX V PRES.	☒ Change ☐ Addition
NAME	PALLUCK, BERNARD F.	12 NAME	BERNARD F PALLUCK	
STREET ADDRESS	102 SWEETWATER CLUB BLVD	13 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	14 CITY-ST-ZIP		
TITLE	VPS	21 TITLE	PRES.	☒ Change ☐ Addition
NAME	PALLUCK, EDDIE M	22 NAME	EDDIE PALLUCK	
STREET ADDRESS	102 SWEETWATER CLUB	23 STREET ADDRESS		
CITY-ST-ZIP	LONGWOOD FL	24 CITY-ST-ZIP		
TITLE	PVTS	31 TITLE	SEC.	☒ Change ☐ Addition
NAME	MACEACHIN, WENDY	32 NAME	WENDY MACEACHIN	
STREET ADDRESS	958 VINERIDGE RUN #10305	33 STREET ADDRESS		
CITY-ST-ZIP	ALTAMONTE SPRINGS FL	34 CITY-ST-ZIP		
TITLE	VP	41 TITLE		☐ Change ☐ Addition
NAME	CHARD, TRISH	42 NAME		
STREET ADDRESS	6556 CHANTRY ST.	43 STREET ADDRESS		
CITY-ST-ZIP	ORLANDO FL	44 CITY-ST-ZIP		
TITLE	T	51 TITLE		☐ Change ☐ Addition
NAME	BOUCHARD, LISA	52 NAME		
STREET ADDRESS	1162 PASEO DEL MARN	53 STREET ADDRESS		
CITY-ST-ZIP	CASSELBURY FL	54 CITY-ST-ZIP		
TITLE		61 TITLE		☐ Change ☐ Addition
NAME		62 NAME		
STREET ADDRESS		63 STREET ADDRESS		
CITY-ST-ZIP		64 CITY-ST-ZIP		

14. I do hereby certify that the information supplied with this filing is voluntarily furnished and 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 added, above.

SIGNATURE: _____ BERNARD F PALLUCK 3-30-95 407 788 8859
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL EX V PRES. Date Daytime Phone #

0038462 CP