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

STREET ADDRESS

SIGNATURE.

14. I hereby certify that the information supply indicated on this annual report or supply officer or director of the corporation of Block 12 or Block 13 if changes.

CITY-ST-ZIP

FILED PROFIT FLORIDA DEPARTMENT OF STATE Jan 30 1998 8:00am CORPORATION Sandra B. Mortham ANNUAL REPORT Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # S40408 (4)WOMEN'S HEALTH AND FITNESS, INC. Principal Place of Business Mailing Address 7262 W COLONIAL DR. 280 STATE RD #434 ORLANDO FL 32818 **SUITE 1049** DQ NOT WRITE IN THIS SPACE ALTAMONTE SPRINGS FL 32714 3. Date Incorporated or Qualified 03/22/1991 2. Principal Place of Business 2a. Mailing Address Applied For 21 26 59-3058748 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired 22 27 Fee Required City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Country 8. This corporation owes or has paid the current year Intangible 25 29 Personal Property Tax due June 30. 30 9. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 PALLUCK, BERNARD 280 STATE ROAD - 434 Street Address (P.Q. Box Number is Not Acceptable) **SUITE 1049** ALTAMONTE SPRINGS FL 32714 83 Zip Code 11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Fiorida 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 Signature, typed or printed 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 **EVP** ☐ DELETE 1.1 TITLE Change Addition PALLUCK, BERNARD F. NAME 1.2 NAME 102 SWEETWATER CLUB BLVD STREET ADDRESS 1.3 STREET ADDRESS LONGWOOD FL CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE TITLE 2.1 TITLE Change Addition PALLUCK, EDDIE M NAME 2.2 NAME **102 SWEETWATER CLUB** STREET ADDRESS 2.3 STREET ADDRESS LONGWOOD FL CITY - ST - ZIP 2. 4 CITY - ST-ZIP Change TITLE DELETE 3.1 TITLE Addition JENKINS, WENDY MACEACHIN, WENDY NAME 3.2 NAME 6118 GAMBLE DRIVE STREET ADDRESS 3.3 STREET ADDRESS ORLANDO FL CITY - ST - ZIP 3.4. CITY-ST-ZIP DELETE TITLE T Change 4.1 TITLE Addition HEARON, LISA NAME 4. 2 NAME 1162 PASEO DEL MAR STREET ADDRESS 4.3 STREET ADDRESS CASSELBERRY FL 32707 COTY - ST - ZIP 4.4 CITY - ST - ZIP DELETE TITLE 5.1 TITLE Change Addition NAME 5.2 NAME STREET ADDRESS 5.3 STREET ADDRESS CITY-ST-ZIP 5.4 CITY-ST-ZIP ___ DELETE TITLE 6.1 TITLE Change Addition NAME 6.2 NAME

6.3 STREET ADDRESS

his filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information 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 ver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in

6.4 CITY - ST - ZIP

1.20.9K 402.788-8059

CR2E034