


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

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<b>PROFIT CORPORATION ANNUAL REPORT 1999</b>				FLORIDA DEPARTMENT OF STATE <b>Katherine Harris</b> Secretary of State DIVISION OF CORPORATIONS	
<b>DOCUMENT # S40408</b> 1. Corporation Name <b>WOMEN'S HEALTH AND FITNESS, INC.</b>					
Principal Place of Business <b>7262 W COLONIAL DR. ORLANDO FL 32818 US</b>			Mailing Address <b>280 STATE RD #434 SUITE 1049 ALTAMONTE SPRINGS FL 32714 US</b>		
2. Principal Place of Business		2a. Mailing Address			
21 Suite, Apt. #, etc.		26 Suite, Apt. #, etc.			
22 City & State		27 City & State			
23 Zip		28 Zip		29 Country	
24		25		30	
9. Name and Address of Current Registered Agent					
<b>PALLUCK, BERNARD 280 STATE ROAD - 434 SUITE 1049 ALTAMONTE SPRINGS FL 32714</b>					
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 understand the obligations of, Section 607.0505, Florida Statutes.					
SIGNATURE <i>[Signature]</i> <b>EX/1/MS</b> (NOTE: Registered Agent signature required when registering.)					
12. OFFICERS AND DIRECTORS					
13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12					
11 TITLE					
12 NAME					
13 STREET ADDRESS					
14 CITY-ST-ZIP					
21 TITLE					
22 NAME					
23 STREET ADDRESS					
24 CITY-ST-ZIP					
31 TITLE					
32 NAME					
33 STREET ADDRESS					
34 CITY-ST-ZIP					
41 TITLE					
42 NAME					
43 STREET ADDRESS					
44 CITY-ST-ZIP					
51 TITLE					
52 NAME					
53 STREET ADDRESS					
54 CITY-ST-ZIP					
61 TITLE					
62 NAME					
63 STREET ADDRESS					
64 CITY-ST-ZIP					

**FILED**

99 JAN 27 PM 2:45

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified <b>03/22/1991</b>	
4. FEI Number <b>59-3058748</b>	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	<b>\$8.75</b> Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	<b>\$5.00</b> May Be Added to Fees
8. This corporation owes the current year Intangible Personal Property Tax <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
10. Name and Address of New Registered Agent	

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 understand the obligations of, Section 607.0505, Florida Statutes.

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41 TITLE	
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51 TITLE	
52 NAME	
53 STREET ADDRESS	
54 CITY-ST-ZIP	
61 TITLE	
62 NAME	
63 STREET ADDRESS	
64 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 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 person 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 the statement with an address, with all other like empowered.

SIGNATURE: *[Signature]* **EX/1/MS** **1-22-99** **407-788-8829**

CR2E034 (11/98)