

FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

**CORPORATION
ANNUAL REPORT
1995**



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

APPROVED
AND
FILED

95 FEB 17 AM 8:49

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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-02/20/95--01065--002
****200.00 ****200.00

DO NOT WRITE IN THIS SPACE.

DOCUMENT # **543268**

1. Corporation Name

Fitness Specialists Inc.

Principal Place of Business

Mailing Address

**2837 SW Ridgewood Pl
Palm City, FL 34990**

3. Date Incorporated or Qualified

3a. Date of Last Report

2. Principal Place of Business

2a. Mailing Address

21

26

4. FEI Number

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

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

24

25

29

30

9. Name and Address of Current Registered Agent

10. Name and Address of New Registered Agent

**Dianne McCaughy
2837 SW Ridgewood Pl
Palm City, FL 34990**

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

Signature (Print or Printed Name of Registered Agent and Title Applicant)

(Not for Registered Agent signature required when filing)

Dianne O. McCaughy

1/30/95

12. OFFICERS AND DIRECTORS

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

TITLE: **President**
NAME: **Dianne O. McCaughy**
STREET ADDRESS: **2837 SW Ridgewood Pl**
CITY, ST, ZIP: **Palm City, FL 34990**

1. TITLE Change Addition

12 NAME

13 STREET ADDRESS

14 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

2.1 TITLE Change Addition

2.2 NAME

2.3 STREET ADDRESS

2.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

3.1 TITLE Change Addition

3.2 NAME

3.3 STREET ADDRESS

3.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

4.1 TITLE Change Addition

4.2 NAME

4.3 STREET ADDRESS

4.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

5.1 TITLE Change Addition

5.2 NAME

5.3 STREET ADDRESS

5.4 CITY, ST, ZIP

TITLE:
NAME:
STREET ADDRESS:
CITY, ST, ZIP:

6.1 TITLE Change Addition

6.2 NAME

6.3 STREET ADDRESS

6.4 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)(b), 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 as an attachment with a address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Dianne O. McCaughy

2/17/95

1/30/95 (407) 220-8808