

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

PROFIT CORPORATION ANNUAL REPORT 1996



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

DOCUMENT # **S43268** (9)

1. Corporation Name  
**FITNESS SPECIALISTS, INC.**



Principal Place of Business: **2837 SW RIDGEWOOD PL. PALM CITY FL 34990**  
Mailing Address: **2837 SW RIDGEWOOD PL. PALM CITY FL 34990**

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

3. Date Incorporated or Qualified: **04/04/1991**  
3a. Date of Last Report: **02/17/1995**  
4. FEENumber: **65-0263481**  
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

**MCCAUGHEY, DIANNE O.  
2837 SW RIDGEWOOD PL  
PALM CITY FL 34990**

10. Name and Address of New Registered Agent  
81. Name  
82. Street Address (P.O. Box Number is Not Acceptable)  
83.  
84. City  
85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, 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. Thereby accept the appointment as registered agent. I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE: \_\_\_\_\_ Date: \_\_\_\_\_

12. OFFICERS AND DIRECTORS

1. TITLE	PD	<input type="checkbox"/> DELETE
2. NAME	MCCAUGHEY, DIANNE O.	
3. STREET ADDRESS	2837 SW RIDGEWOOD PL.	
4. CITY, STATE, ZIP	PALM CITY FL 34990	
5. TITLE		<input type="checkbox"/> DELETE
6. NAME		
7. STREET ADDRESS		
8. CITY, STATE, ZIP		
9. TITLE		<input type="checkbox"/> DELETE
10. NAME		
11. STREET ADDRESS		
12. CITY, STATE, ZIP		
13. TITLE		<input type="checkbox"/> DELETE
14. NAME		
15. STREET ADDRESS		
16. CITY, STATE, ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

17. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
18. NAME		
19. STREET ADDRESS		
20. CITY, STATE, ZIP		
21. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
22. NAME		
23. STREET ADDRESS		
24. CITY, STATE, ZIP		
25. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
26. NAME		
27. STREET ADDRESS		
28. CITY, STATE, ZIP		
29. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
30. NAME		
31. STREET ADDRESS		
32. CITY, STATE, ZIP		
33. TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
34. NAME		
35. STREET ADDRESS		
36. CITY, STATE, 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)(k), 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 on an attachment with an address.

SIGNATURE: *Juan O. McCaughey* 1/12/96 (407) 220-8808  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

CR2E034 (12/95)