

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; 26. Mailing Address: 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. FEEN Number: **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**

81. Name; 82. Street Address (P.O. Box Number is Not Acceptable); 83.; 84. City; 85. Zip Code: **FL**

10. Name and Address of New Registered Agent

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

12. OFFICERS AND DIRECTORS
1. TITLE: **PD**; 2. NAME: **MCCAUGHEY, DIANNE O.**; 3. STREET ADDRESS: **2837 SW RIDGEWOOD PL.**; 4. CITY, STATE, ZIP: **PALM CITY FL 34990**

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
1. TITLE; 2. NAME; 3. STREET ADDRESS; 4. CITY, STATE, ZIP; 5. TITLE; 6. NAME; 7. STREET ADDRESS; 8. CITY, STATE, ZIP; 9. TITLE; 10. NAME; 11. STREET ADDRESS; 12. CITY, STATE, ZIP; 13. TITLE; 14. NAME; 15. STREET ADDRESS; 16. 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, on an attachment with an address.

SIGNATURE:

Joan O. McCaughey
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/12/96

(407) 220-8808

CR2E034 (12/95)