

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 7, 1996.
AMOUNT DUE ON OR BEFORE 8/7/96: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375.)

PROFIT
CORPORATION
ANNUAL REPORT
1996



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

DOCUMENT # S55223 (9)

1. Corporation Name

FITNESS LIFESTYLE DESIGN, INC.

Principal Place of Business

Mailing Address

2317 EASTGATE WAY
TALLAHASSEE FL 32308

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TALLAHASSEE FL 32308



2. Principal Place of Business	2a. Mailing Address	3. Date Incorporated or Qualified	3a. Date of Last Report
21 1919 N.W. 24th St.	26 1919 N.W. 24th St.	05/28/1991	03/15/1995
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.	4. FEI Number	Applied For
		59-3094629	Not Applicable
23 Gainesville, FL	28 Gainesville, FL	5. Certificate of Status Desired	\$8.75 Additional Fee Required
24 32605	29 32605	6. Election Campaign Financing Trust Fund Contribution	\$5.00 May Be Added to Fees
25	30	8. This corporation has liability for intangible tax under s. 199.032 Florida Statutes	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

9. Name and Address of Current Registered Agent

JOHNSON, DEWAYNE J.
2317 EASTGATE WAY
TALLAHASSEE FL 32308

10. Name and Address of New Registered Agent

81 Name Charles Williams
82 Street Address (P.O. Box Number is Not Acceptable) 1919 N.W. 24th St.
83
84 City Gainesville FL 85 Zip Code 32605

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]

(NOTE: Registered Agent signature required when reinstating)

DATE

7-16-96

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	WILLIAMS, CHARLES S.	1.2 NAME	
STREET ADDRESS	1919 N.W. 24TH STREET	1.3 STREET ADDRESS	
CITY-ST-ZIP	GAINESVILLE FL 32605	1.4 CITY-ST-ZIP	32605
TITLE	VP	2.1 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	HARAGEONES, EMMANUEL G.	2.2 NAME	
STREET ADDRESS	210 WINN CAVE DRIVE	2.3 STREET ADDRESS	4440 Yarmouth Place
CITY-ST-ZIP	TALLAHASSEE FL	2.4 CITY-ST-ZIP	Pensacola FL 32514-8222
TITLE	VP	3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	JOHNSON, DEWAYNE J.	3.2 NAME	
STREET ADDRESS	2317 EASTGATE WAY	3.3 STREET ADDRESS	
CITY-ST-ZIP	TALLAHASSEE FL	3.4 CITY-ST-ZIP	
TITLE	VP	4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	SMITH, CHARLES D.	4.2 NAME	
STREET ADDRESS	717 EAST RIVER DRIVE	4.3 STREET ADDRESS	
CITY-ST-ZIP	TEMPLE TERRACE FL	4.4 CITY-ST-ZIP	
TITLE		5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY-ST-ZIP		5.4 CITY-ST-ZIP	
TITLE		6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		6.2 NAME	500001920685
STREET ADDRESS		6.3 STREET ADDRESS	-08/13/96--01120--035
CITY-ST-ZIP		6.4 CITY-ST-ZIP	***225.00

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 617, Florida Statutes, and that my name appears in Block 12 or Block 13, if changed, or on an attachment with an address.

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

6-17-96

Daytime Phone #

05 811 2196

CR2E034 (3/96)