SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1995.
AMOUNT DUE ON OR BEFORE 8/9/95: $225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: $375)

-* "PROFIT CORPORATION ANNUAL REPORT

1995

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

APPROVED AND FILED

95 JUN 19 AM 10:22

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # **S58549** **(4)**

1. Corporation Name

SAFETY HARBOR SPA & FITNESS CENTER, INC.

Principal Place of Business	Mailing Address
105 N. BAYSHORE BLVD. SUITE 1000 SAFETY HARBOR FL 34695 US	105 N. BAYSHORE DR. PO BOX 248 SAFETY HARBOR FL 34695-0248 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 06/06/1991	3a. Date of Last Report: 04/05/1994
4. FEI Number: 59-3069256	☐ 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	

2. Principal Place of Business	2a. Mailing Address
21	26
Suite, Apt. #, etc. 22	Suite, Apt. #, etc. 27
City & State 23	City & State 28
Zip 24 / Country 25	Zip 29 / Country 30

9. Name and Address of Current Registered Agent

ROSENKRANZ, STANLEY W.
201 E. KENNEDY BLVD.
SUITE 1000
TAMPA FL 33602

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 accept the obligations of, Section 607.0505, Florida Statutes.

SIGNATURE _____ DATE
Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating)

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	DP	11 TITLE	☐ Change ☐ Addition
NAME	KUMAR, ROGER	12 NAME	900001517219
STREET ADDRESS	202 SHORE DR.	13 STREET ADDRESS	-06/20/95--01044--007
CITY-ST-ZIP	OLDSMAR FL	14 CITY-ST-ZIP	****225.00 ****225.00
TITLE	DV	21 TITLE	☐ Change ☐ Addition
NAME	KUMAR, LILA	22 NAME	
STREET ADDRESS	202 SHORE DR.	23 STREET ADDRESS	
CITY-ST-ZIP	OLDSMAR FL	24 CITY-ST-ZIP	
TITLE	DST	31 TITLE	☐ Change ☐ Addition
NAME	KUMAR, BINA	32 NAME	
STREET ADDRESS	105 NORTH BAYSHORE DRIVE	33 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	34 CITY-ST-ZIP	
TITLE	D	41 TITLE	☒ Change ☐ Addition
NAME	GUBNER, RICHARD	42 NAME	**Deceased**
STREET ADDRESS	105 NORTH BAYSHORE DRIVE	43 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	44 CITY-ST-ZIP	
TITLE	D	51 TITLE	☐ Change ☐ Addition
NAME	DEVNANI, SALU	52 NAME	
STREET ADDRESS	105 NORTH BAYSHORE DRIVE	53 STREET ADDRESS	
CITY-ST-ZIP	SAFETY HARBOR FL	54 CITY-ST-ZIP	
TITLE		61 TITLE	☐ Change ☐ Addition
NAME		62 NAME	
STREET ADDRESS		63 STREET ADDRESS	
CITY-ST-ZIP		64 CITY-ST-ZIP	

CR2E034 (3/95)

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)(i), 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, added, or deleted.

SIGNATURE: S. Rosenkranz as President 6/15/95 (813) 726-1161
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0170060 FP