
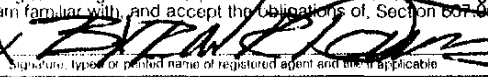


FILED

[illegible]

PROFIT CORPORATION ANNUAL REPORT 1997		 FLORIDA DEPARTMENT OF STATE Sandra B. Morton Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V00278		(4)	
1. Corporation Name: FIT AMERICA, INC.			
Principal Place of Business 2101 WEST COMMERCIAL BLVD. SUITE 5500 FT. LAUDERDALE FL 33309		Mailing Address 2101 WEST COMMERCIAL BLVD. SUITE 5500 FT. LAUDERDALE FL 33309-3055	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 25 Country		2a. Mailing Address 26 Suite, Apt. #, etc. 27 City & State 28 Zip 29 Country 30	
9. Name and Address of Current Registered Agent			
AMDUR, HOWARD 11420 N KENDALL DR SUITE 202 MIAMI FL 33176		81 Name B 82 Street Address 2101 83 Suite SUITE 84 City FT.	
11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the above-named corporation, office or registered agent, or both, in the State of Florida, such change was authorized by the corporate agent I am familiar with, and accept the obligations of, Section 607.0505, Florida Statutes.			
SIGNATURE SD  (NOTE: Registered Agent signature required)			
12. OFFICERS AND DIRECTORS			
TITLE P.D <input type="checkbox"/> DELETE NAME DAVIS, BYRON STREET ADDRESS 2101 W COMMERCIAL BLVD SUITE 5500 CITY-ST-ZIP FT LAUDERDALE FL		1.1 TITLE 1.2 NAME 1.3 STREET ADDRESS 1.4 CITY-ST-ZIP	
TITLE SD <input type="checkbox"/> DELETE NAME DAVIS, DEBB STREET ADDRESS 2101 W COMMERCIAL BLVD SUITE 5500 CITY-ST-ZIP FT LAUDERDALE FL		2.1 TITLE 2.2 NAME 2.3 STREET ADDRESS 2.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		3.1 TITLE 3.2 NAME 3.3 STREET ADDRESS 3.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		4.1 TITLE 4.2 NAME 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		5.1 TITLE 5.2 NAME 5.3 STREET ADDRESS 5.4 CITY-ST-ZIP	
TITLE <input type="checkbox"/> DELETE NAME STREET ADDRESS CITY-ST-ZIP		6.1 TITLE 6.2 NAME 6.3 STREET ADDRESS 6.4 CITY-ST-ZIP	
14. I do hereby certify that the information supplied with this filing does not qualify for the exemption stated information indicated on this annual report or supplemental annual report is true and accurate and that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report appears in Block 12 or Block 13 if changed, or on an attachment with an address.			
SIGNATURE: 