FILE NOW: FILING FEE AFTER MAY 1 IS $225.00

CORPORATION ANNUAL REPORT 1995

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

APPROVED AND FILED

95 APR 18 PM 6:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

DOCUMENT # V11015 (7)

1. Corporation Name

FITNESS ENTERPRISES, INC.

Principal Place of Business	Mailing Address
1253 WASHINGTON AVE. MIAMI BEACH FL 33139 US	P. O. BOX 191800 1 PALM BAY COURT, SUITE 6-I MIAMI BEACH FL 33139 US

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 02/03/1992
3a. Date of Last Report: 05/01/1994
4. FEI Number: 65-0309230 — 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 Po Box 191131
22 Suite, Apt #, etc.	27 Suite, Apt #, etc.
23 City & State	28 City & State: Miami Beach, FL
24 Zip / 25 Country	29 Zip: FL / 30 Country: 33139

9. Name and Address of Current Registered Agent	10. Name and Address of New Registered Agent
MARCUS, ALAN J. 20803 BISCAYNE BLVD. STE. 301 N. MIAMI BCH. FL 33180	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: [signature], President 1-15-95

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	D	1.1 TITLE	☐ Change ☐ Addition
NAME	MARCUS, ALAN J.	1.2 NAME	
STREET ADDRESS	20803 BISCAYNE BLVD., STE. 301	1.3 STREET ADDRESS	
CITY ST ZIP	N. MIAMI BCH. FL	1.4 CITY ST ZIP	
TITLE	P	2.1 TITLE	☐ Change ☐ Addition
NAME	RANA, PETER I	2.2 NAME	Delete Rana
STREET ADDRESS	401 OCEAN DR. #508	2.3 STREET ADDRESS	
CITY ST ZIP	MIAMI BEACH FL	2.4 CITY ST ZIP	
TITLE	V	3.1 TITLE	President ☒ Change ☐ Addition
NAME	CRITCHETT, DAN	3.2 NAME	Dan Critchett
STREET ADDRESS	1 PALM BAY CT. #6-I	3.3 STREET ADDRESS	770 Palm Bay lane #6-I
CITY ST ZIP	MIAMI FL	3.4 CITY ST ZIP	Miami, FL 33138
TITLE		4.1 TITLE	☐ Change ☐ Addition
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY ST ZIP		4.4 CITY ST ZIP	
TITLE		5.1 TITLE	☐ Change ☐ Addition
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY ST ZIP		5.4 CITY ST ZIP	
TITLE		6.1 TITLE	☐ Change ☐ Addition
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY ST ZIP		6.4 CITY ST 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: [signature] 1-15-95 305-674-8222

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

0427267 FP