FILE NOW: FILING FEE AFTER MAY 1 IS $5.00

PROFIT CORPORATION ANNUAL REPORT

1996 5-1-96 B-55592 C

FLORIDA DEPARTMENT OF STATE
Sandra B. Mo
Secretary of
DIVISION OF CORPORATIONS

DOCUMENT # V23416 (3)

1. Corporation Name
THE FITNESS ADVANTAGE, INC.

Principal Place of Business	Mailing Address
12995 S. CLEVELAND AVENUE SUITE 112 FT MYERS FL 33907	12995 S. CLEVELAND AVENU SUITE 112 FT MYERS FL 33907

3. Date Incorporated or Qualified: 03/19/1992
3a. Date of Last Report: 05/26/1995

2. Principal Place of Business — 21:
2a. Mailing Address — 26: 419 S.W. 34 Street
Suite, Apt. #, etc. — 22:
Suite, Apt. #, etc — 27:
City & State — 23:
City & State — 28: Cape Coral Florida
Zip — 24:
Country — 25:
Zip — 29: 33914
Country — 30: USA

4. FEI Number: 65-0317274 ☐ 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

9. Name and Address of Current Registered Agent

LINDSAY, MICHAEL D.
12995 S. CLEVELAND AVENUE
SUITE 112
FORT MYERS FL 33907

10. Name and Address of New Registered Agent

81 Name: LINDSAY, MICHAEL D.
82 Street Address (P.O. Box Number is Not Acceptable): 419 S.W. 34 Street
83
84 City: Cape Coral FL 85 Zip Code: 33914

11. Pursuant to the provisions of Sections 607.0502 and 607.1508, Florida Statutes, the [illegible] 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: Michael D. Lindsay / MICHAEL LINDSAY - President — 4/26/96
Signature of [illegible] — Title — Date

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PVST LINDSAY, MICHAEL D 419 S.W. 34TH STREET CAPE CORAL FL 33914 ☐ DELETE	1 TITLE / 1 NAME / 1 STREET ADDRESS / 1 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	2 TITLE / 2 NAME / 2 STREET ADDRESS / 2 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	3 TITLE / 3 NAME / 3 STREET ADDRESS / 3 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	4 TITLE / 4 NAME / 4 STREET ADDRESS / 4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	5 TITLE / 5 NAME / 5 STREET ADDRESS / 5 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	☐ DELETE	6 TITLE / 6 NAME / 6 STREET ADDRESS / 6 CITY-ST-ZIP	☐ Change ☐ Addition

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, or on an attachment with an address.

SIGNATURE: Michael D. Lindsay / MICHAEL D. LINDSAY — 4/26/96 — (941) 945-7587
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (12/95)