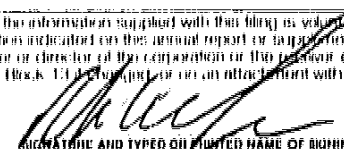
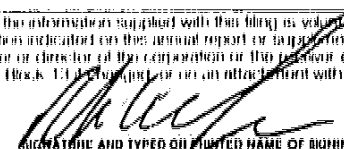


FILE NOW: FILING FEE AFTER MAY 1 IS \$225.00

APPROVED
AND
FILED

95 APR 18 PM 5:55

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION ANNUAL REPORT 1995		 FLORIDA DEPARTMENT OF STATE Sandra B. Matham Secretary of State DIVISION OF CORPORATIONS	
DOCUMENT # V26373 (3) 1. Corporation Name WORLD GYM OF OVIEDO, INC.			
Principal Place of Business BAY NO. "B" ALAFAYA SQUARE SHOPPING CENTER OVIEDO FL 32765		Mailing Address BAY NO. "B" ALAFAYA SQUARE SHOPPING CENTER OVIEDO FL 32765	
2. Principal Place of Business 21 Suite, Apt. #, etc. 22 City & State 23 Zip 24		2a. Mailing Address 25 96 Ralph Smith 26 Suite, Apt. #, etc. 27 P.O. Box 410485 28 City & State 29 Melbourne, FL 30 Zip 31	
9. Name and Address of Current Registered Agent SMITH, RALPH W. BAY NO B #19 ALATAYA WOODS BLVD ALAFAYA SQUARE SHOPPING CENTER OVIEDO FL 32765		10. Name and Address of New Registered Agent 81 Name 82 Street Address (P.O. Box Number is Not Acceptable) 83 84 City 85 Zip Code FL	
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  12. OFFICERS AND DIRECTORS 13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12			
12. OFFICERS AND DIRECTORS 12.1 TITLE 12.2 NAME 12.3 STREET ADDRESS 12.4 CITY, ST, ZIP 12.5 12.6 12.7 12.8 12.9 12.10		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13.1 TITLE 13.2 NAME 13.3 STREET ADDRESS 13.4 CITY, ST, ZIP 13.5 13.6 13.7 13.8 13.9 13.10	
14. I, the undersigned, certify that the information supplied with this filing is voluntarily furnished and does not qualify for the exemption stated in Sections 119.07(2)(b), 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 person or person empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 12 or Block 13 of this report or on an attachment with an address.			
SIGNATURE:  SIGNATURE AND TYPED OR PRINTED NAME OF BOILING OFFICER OR DIRECTOR		4/12/95 407.452.3299	