FILE NOW: FILING FEE AFTER MAY 1ST IS $550.00

FILED
Apr 09 1998 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT
1998

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

DOCUMENT # V26373

1. Corporation Name
World Gym of Oviedo, Inc.

Principal Place of Business
Bay "No. B"
Alafaya Square Shopping Center
Oviedo, Fl. 32765

Mailing Address
c/o Ralph Smith
P.O. Box 410485
Melbourne Fl. 32941-0485
US.

DO NOT WRITE IN THIS SPACE

Date Incorporated or Qualified
4/2/92

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

4. FEI Number
59-3121396
☐ 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 owes or has paid the current year Intangible Personal Property Tax due June 30. ☐ Yes ☐ No

9. Name and Address of Current Registered Agent
Smith, Ralph W.
Bay No. B #19 Alafaya 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 **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 _____ (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		☐ DELETE	13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	☐ Change ☐ Addition
TITLE	DPS		1.1 TITLE	
NAME	Smith, Ralph		1.2 NAME	
STREET ADDRESS	8115 S. Tropical Trail		1.3 STREET ADDRESS	
CITY-ST-ZIP	Merritt Island, Fl.		1.4 CITY-ST-ZIP	
TITLE	VP	☐ DELETE	2.1 TITLE	☐ Change ☐ Addition
NAME	Smith, Cody J.		2.2 NAME	
STREET ADDRESS	2598 Ekana Dr.		2.3 STREET ADDRESS	
CITY-ST-ZIP	Oviedo, Fl.		2.4 CITY-ST-ZIP	
TITLE	D	☐ DELETE	3.1 TITLE	☐ Change ☐ Addition
NAME	Wright, Halle		3.2 NAME	
STREET ADDRESS	8115 S. Tropical Trail		3.3 STREET ADDRESS	
CITY-ST-ZIP	Merritt Island, Fl.		3.4 CITY-ST-ZIP	
TITLE		☐ DELETE	4.1 TITLE	☐ Change ☐ Addition
NAME			4.2 NAME	
STREET ADDRESS			4.3 STREET ADDRESS	
CITY-ST-ZIP			4.4 CITY-ST-ZIP	
TITLE		☐ DELETE	5.1 TITLE	☐ Change ☐ Addition
NAME			5.2 NAME	
STREET ADDRESS			5.3 STREET ADDRESS	
CITY-ST-ZIP			5.4 CITY-ST-ZIP	
TITLE		☐ DELETE	6.1 TITLE	☐ Change ☐ Addition
NAME			6.2 NAME	
STREET ADDRESS			6.3 STREET ADDRESS	
CITY-ST-ZIP			6.4 CITY-ST-ZIP	

4/9

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***600.00

14. I hereby certify that the information supplied with this filing 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: [signature] 3/24/98 407-757-5307
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (10/97)