

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

FILED

Apr 07 1997 8:00am
Secretary of State

PROFIT CORPORATION ANNUAL REPORT 1997		FLORIDA DEPARTMENT OF STATE Sandra B. Mortham Secretary of State DIVISION OF CORPORATIONS
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DOCUMENT # **V40549** (0)
1. Corporation Name
SOUTHEAST FITNESS SALES, INC.



Principal Place of Business 7823 COLLINS AVENUE MIAMI BEACH FL 33141 US	Mailing Address 7823 COLLINS AVENUE MIAMI BEACH FL 33141-2126 US
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3. Date Incorporated or Qualified 06/01/1992	3a. Date of Last Report 09/06/1996
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2. Principal Place of Business 21. Suite, Apt. #, etc. 22. City & State 23. Zip 24. Country	2a. Mailing Address 26. Suite, Apt. #, etc. 27. City & State 28. Zip 29. Country
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4. FEI Number 59-3125591	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$8.75 Additional Fee Required
6. Election Campaign Financing Trust Fund Contribution <input type="checkbox"/>	\$5.00 May Be Added to Fees
8. This corporation has liability for intangible tax under s. 199.032, Florida Statutes <input type="checkbox"/> Yes <input type="checkbox"/> No	

9. Name and Address of Current Registered Agent PETERS, SAMUEL W 7823 COLLINS AVENUE MIAMI BEACH FL 33141	
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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		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE	P	1.1 TITLE	
NAME	PETERS, SAMUEL W.	1.2 NAME	
STREET ADDRESS	7823 COLLINS AVENUE	1.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL 33141	1.4 CITY- ST- ZIP	
TITLE	VP	2.1 TITLE	
NAME	PETERS, CYNTHIA D	2.2 NAME	
STREET ADDRESS	7823 COLLINS AVENUE	2.3 STREET ADDRESS	
CITY- ST- ZIP	MIAMI BEACH FL 33141	2.4 CITY- ST- ZIP	
TITLE	ST	3.1 TITLE	
NAME	HITE, ANN B	3.2 NAME	
STREET ADDRESS	475 QUARRY LANE	3.3 STREET ADDRESS	
CITY- ST- ZIP	BARDSTOWN KY 40004	3.4 CITY- ST- ZIP	
TITLE		4.1 TITLE	
NAME		4.2 NAME	
STREET ADDRESS		4.3 STREET ADDRESS	
CITY- ST- ZIP		4.4 CITY- ST- ZIP	
TITLE		5.1 TITLE	
NAME		5.2 NAME	
STREET ADDRESS		5.3 STREET ADDRESS	
CITY- ST- ZIP		5.4 CITY- ST- ZIP	
TITLE		6.1 TITLE	
NAME		6.2 NAME	
STREET ADDRESS		6.3 STREET ADDRESS	
CITY- ST- ZIP		6.4 CITY- ST- ZIP	

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14. I do 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: Samuel Peters 3/28/97 305 864 6231
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #
0195026

CR2E034 (9/96)