CORPORATION ANNUAL REPORT 1995

Filed
May 1, 1995
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # V70569 (1)

1. Corporation Name
TEAM FITNESS INC.

FILED
1995 MAY -1 PM 3:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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DO NOT WRITE IN THIS SPACE

Principal Place of Business	Mailing Address
306 NORTH NOVA ROAD ORMOND BEACH FL 32174	306 NORTH NOVA ROAD ORMOND BEACH FL 32174

3. Date Incorporated or Qualified: 10/07/1992
3a. Date of Last Report: 04/19/1994

2. Principal Place of Business
21: 306 N. NOVA RD
Suite, Apt. #, etc. 22:
City & State 23: ORMOND Beach Fla
Zip 24: 32174 Country 25: USA

2a. Mailing Address
26:
Suite, Apt. #, etc. 27:
City & State 28:
Zip 29: Country 30:

4. FEI Number: 59-3148283 ☐ 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

CARTER, BRIAN J.
306 N. NOVE RD
ORMOND BCH FL 32174

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 _____ (Signature, typed or printed name of registered agent and title if applicable) (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS		13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12		
TITLE	S	1.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, BRIAN	1.2 NAME		
STREET ADDRESS	306 NORTH NOVA ROAD	1.3 STREET ADDRESS		
CITY-ST-ZIP	ORMOND BEACH FL	1.4 CITY-ST-ZIP		
TITLE	P	2.1 TITLE		☐ Change ☐ Addition
NAME	CARTER, BRIAN J.	2.2 NAME		
STREET ADDRESS	1006 BIG OAKS BLVD	2.3 STREET ADDRESS		
CITY-ST-ZIP	OVLEOO FL	2.4 CITY-ST-ZIP		
TITLE	V	3.1 TITLE		☐ Change ☐ Addition
NAME	CENTINIL, ROCCO	3.2 NAME		
STREET ADDRESS	306 NORTH NOVA ROAD	3.3 STREET ADDRESS		
CITY ST ZIP	ORMOND BEACH FL	3.4 CITY-ST-ZIP		
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	TAW 5-1-95	☐ 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)(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] April 27 1995 904/877-4944
SIGNATURE AND TYPED OR PRINTED NAME OF INDIVIDUAL (Date) (Daytime Phone #)

0011009 CP