

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

CORPORATION
ANNUAL REPORT
1995



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

**APPROVED
AND
FILED**

DOCUMENT # P30401 (4)

1. Corporation Name
CORPORATE FITNESS WORKS, INC.

95 APR 11 PM 2:18

**SECRETARY OF STATE
TALLAHASSEE, FLORIDA**

Principal Place of Business: **18550 OFFICE PARK DRIVE GAITHERSBURG MD 20879**
Mailing Address: **18550 OFFICE PARK DRIVE GAITHERSBURG MD 20879**

DO NOT WRITE IN THIS SPACE.

3. Date incorporated or Qualified: **07/02/1990**
3a. Date of Last Report: **06/21/1994**

4. FEI Number: **52-1563984**
Applied For: Not Applicable

5. Certificate of Status Desired: **\$8.75 Additional Fee Required**

6. Election Campaign Financing: **\$5.00 May Be Added to Fees**

8. This corporation has liability for intangible tax under S. 199.032, Florida Statutes: Yes No

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

9. Name and Address of Current Registered Agent
**NAIL, CHRISTOPHER P.
% GTE HEALTH FITNESS CENTER
1 TAMPA CITY CENTER, MC-718
TAMPA FL 33601**

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

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

12. OFFICERS AND DIRECTORS	
TITLE	PD
NAME	DROHAN, SHEILA
STREET ADDRESS	24029 PREAKNESS DR
CITY - ST - ZIP	DAMASCUS MD
TITLE	VD
NAME	LOUBE, BRENDA
STREET ADDRESS	18510 CRABAPPLE PL
CITY - ST - ZIP	GAITHERSBURG MD
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY - ST - ZIP	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
11 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
12 NAME	
13 STREET ADDRESS	23608 FOUNDERS PLACE
14 CITY - ST - ZIP	DAMASCUS, MD 20872
21 TITLE	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
22 NAME	
23 STREET ADDRESS	23512 ELK GROVE TERRACE
24 CITY - ST - ZIP	DAMASCUS, MD 20872
31 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
32 NAME	
33 STREET ADDRESS	
34 CITY - ST - ZIP	
41 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
42 NAME	
43 STREET ADDRESS	
44 CITY - ST - ZIP	
51 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
52 NAME	
53 STREET ADDRESS	
54 CITY - ST - ZIP	
61 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
62 NAME	
63 STREET ADDRESS	
64 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 110.07(3)(k), Florida Statute. 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 change only on an attachment with an address.

SIGNATURE: *Sheila I Drohan* **Sheila I Drohan** **4/4/95 (201) 417-9697**
Signature and typed or printed name of signing officer or director