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

**PROFIT** CORPORATION ANNUAL REPORT



FLORIDA DEPARTMENT OF STATE Sandra B. Mortham

Socretary of State

1996

DIVISION OF CORPORATIONS

THE	MENT # <b>P94</b> HATE  FITNESS STORE, INC.	100006035	01 (1)				######################################	
nopal Place	of Business	Mailing Addres	S	<del></del>	OLIOOT IND HAND OLDH BOOK E	IMA BONI BONI BAN DONG		
2131 NW 6 GAINESVILL	ST Le Fl 32609	2131 NW 6 ST GAINESVILLE FL 32609						
					proprated or Qualified	3a. Date of Last F 06/09/1		
Pencipal Place of Business		F 1	2a. Mailing Add⊭ess 26		4. FE! Number 59-3276788		Applied For Not Applicable	
Suite, Apt. n	r, etc.	Suite, Apt.	#, etc.		e of Status Desired		5 Additional	
Oity & State		City & State				— Fee	Required	
		28			Campaign Financing nd Contribution		00 May Be od to Fees	
Ζιρ	Country	Zip	Country		oration has liability for i	intangible tax under s		
	25  9. Name and Address of Cu	29 urrent Registered Agent	30	Florida S	tatutes 🔀 Yes	No No		
Pursuant to or registore familiar with	W 6\ST SVILLE FL 32609 of the provisions of Sections 607, and agent, or both, in the State of the and accept the obligations of,	.0502 and 607.1508, Florid Florida. Such change was Section 607.0505, Florida	83 84 da Stalutes, the above na	Street Address (P.O. Box N A 3 Street City Gaines med corporation submits the ation's board of directors. I	oile.	FI 85 Z	in Corle 3266 registered off d agent. I am	
NATURE	///	Meik C	,		1.	/22/91		
NATURE _		diagrentiane tice diapplicable	6 A C N (NOTE Registered Agont s	gnature required when reinstanny)		23/90	Ź	
	OF FIGERS		(NOTE Registered April s	gnature required when reinstanny)	NS/CHANGES TO OFFI	CERS AND DIRECTO	DRS IN 12	
· · · · · ·	OF FIGERS P COHEN, MEIR	S AND DIRECTORS	(NOTE Registered Aponts	gnature required when reinstanny)				
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r adoress	OF FIGERS P COHEN, MEIR	S AND DIRECTORS	(NOTE Registered Appril 13.  ETE 1.1 TITLE 1.2 NAME 1.3 STREET AI 1.4 CITY-SI-	gnature required when reinstating: ADDITION		☐ Change	Addition	
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SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

L/23/96 4-43762320