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PROFIT CORPORATION ANNUAL REPORT 1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P94000085115

PORKY'S GYM II, INC.

Principal Place of Business

FILED Feb 19, 1999 8:00am **Secretary of State**

02-19-1999 90050 028 ***150.00



1	ace of Business	Mailing Address				I (motivon tim iditer britt beite betet betet later brief liber (1801 1801 1801 1801 1801 1801 1801 180
10000 SW 56		10000 SW 56TH ST	O SW 56TH ST			
) MIAMI FL 33165 MIAMI FL 33165						
US						DO NOT WRITE IN THIS SPACE
į						3. Date Incorporated or Qualifed
2 Principal	Place of Business	<u> </u>			~	11/21/1994
<u>├</u>	riace of business	2a. Mailing Address				4. FEI Number Applied For-
Suito An	Suite, Apt. #, etc.					65-0537458 Not Applicable
<u> </u>	t. #, etc.	Suite, Apt. #, etc.				60.75
City & Sta	240	27				5. Certificate of Status Desired Fee Required
23	ate	City & State				6. Election Campaign Financing S5.00 May Be
Zip	Country	28				Trust Fund Contribution Added to Fees
	Country	Zip	1 · · · · · · · · · · · · · · · · · · ·			8. This corporation owes the current year Intangible
24	9 Name and Address of Co.	29	30			Personal Property Tax.
	9. Name and Address of Current	Registered Agent				10. Name and Address of New Registered Agent
HELKER, DONNA M				81	Name	
10000 SW 56TH ST				82	Street	Address (P.O. Box Number is Not Acceptable)
MIAMI FL 33165						(.o. box Number is Not Acceptable)
				83		
			-	84	014	
			- 1		City	FL 85 Zip Code
-11. Pursuant	to the provisions of Sections 607.0502	and 607.1508, Florida Statute	s, the at	ove-	named o	
agent. I a	am familiar with, and accept the obligati	it Florida. Such change was autions of, Section 607.0505. Flori	thorized da Statu	by t!	he corpo	corporation submits this statement for the purpose of changing its registered oration's board of directors. I hereby accept the appointment as registered
SIGNATURE		, , , , , , , , , , , , , , , , , , , ,	uu 0.6.0			·
	Signature, typed or printed name of registered agent	and title if applicable. (NOTE: F	Registered A	Agent :	signature re	required when reinstating) DATE
12.	OFFICERS AND	DIRECTORS	13.			ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12
TITLE	PD	☐ DELETE	1.1 TIT	LE		☐ Change ☐ Addition
NAME	HELKER, DONNA M		1.2 NA	ME		
STREET ADDRESS	10240 SW 154TH CIR CT #104		1.3 STF	REETA	DDRESS	
CITY-ST-ZIP	MIAMI FL		1.4 CIT	Y-ST-2	ZIP	}
TITLE		☐ DELETE	2.1 TITLE			☐ Change ☐ Addition
NAME			2.2 NAA	Æ		C. Strainge C. Abdillion !
STREET ADDRESS					DDRESS	
CITY-ST-ZIP			2.4 CITY-ST-		- 1	
TITLE		☐ DELETE	3.1 TITL		CSF	
NAME			3.2 NAM		- 1	☐ Change ☐ Addition
STREET ADDRESS					DDDEGO.	
CITY-ST-ZIP			1		DORESS	
TITLE		☐ DELETE	3.4. CITS 4.1 TITU		(1)	
NAME				_		☐ Change ☐ Addition
STREET ADDRESS			4. 2 NAM			
CITY-ST-ZIP			4.3 STRE			
TITLE		[] DCLETE	4.4 CITY		IP	
NAME		☐ DELETE	5.1 TITLE			☐ Change ☐ Addition
STREET ADDRESS		•	5.2 NAM			,
CITY-ST-ZIP			5.3 STRE			
TITLE			5.4 CITY		P	
NAME		☐ DELETE	6.1 TITLE			☐ Change ☐ Addition
į.			6.2 NAME			_
STREET ADDRESS			6.3 STRE	ETAD	DRESS	
CITY-ST-ZIP			6.4 CITY-	ST-ZI	P	·

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, with all other like empowered.

SIGNATURE: