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PROFIT CORPORATION ANNUAL REPORT 1997



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P95000034099 (8)

FITNESS ONE-ON-ONE, INC.

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SECHEVARY OF STATE TALLAHASSEE, FLORIDA



Principal Place of Business Mailing Address						n indigent sin ikini mini adili nalih dalih	MANAGE COLFF (F(#11 00110 1		
15630 LAUREL DAWN DRIVE 15630 LAUREL DAWN DRIVE FT. MYERS FL 33912-2201										
						3. Date Incorporated or Qualified 04/26/1995		te of Las		
⊢ '	Place of Business	2a. Mailing Address	2a. Mailing Address			4. FEI Number	Applied For]
21		26				65-0577831			Not Applicable	븨
Suite, Apt. #, etc.		Suite, Apt. #, etc.	27			5. Certificate of Status Desired		Fee Required		
City & Stat	le .	Crty & State	28			6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution Added to Fees				
Zip	·		Country 30			8. This corporation has fiability for intangible tax under s. 199.032,				
24	25 29 9. Name and Address of Current Registered Agent			Florida Statutes X Yes 10. Name and Address of New Registered				U No		
CAN		ent negistered Agent		81 Na	me	10. Name and Address of New Re	gistered /	4 Deur		-
	ichez, denise 30 Laurel Dawn Drive									
	MYERS FL 33912				eet Addre	Address (P.O. Box Number is Not Acceptable)				
<u> </u>			-	83						
	** -			84 Cit	•		FL	11	ıp Code	_
11. Pursuan	to the provisions of Sections 607.0	502 and 607.1508, Florida Statu	tes, the ab	ove-nar	ned corp	oration submits this statement for the p on's board of directors. I hereby accep	urpose of	changing	g its registered	H
office or i	registered agent, or both, in the Sta am numiliar with, and accept the obt	te of Florida. Such change was gations of, Section 607.0505, F	authorized Iorida Statu	by the lates.	corporati	on's board of directors. I hereby accep	ot the app	ointment	as registered	-
SIGNATURE	/ X - A - X	•								
	Signature, hiped or printed name of registor dia			Agont sign	ature require	of when reinstaling)	DATE			
12.	OFFICE WAR A	NO DIRECTORS	13.			ADDITIONS/CHANGES TO OFFIC	ERS ANL	DIRECT Chang		CR2E034 (9/96)
NAME	SANCHEZ, DENISE	C) pricit	1.1 III					Onling	ke ["] vooiiiioi	1 00
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NAME			6.2 NAI	ME						
STREET ADDRESS			6.3 STA	REET ADDR	SS					1
CITY-ST-ZIP	<u></u>			Y-ST-ZIP			. .			1
14. Ldo herel	by certify that the information suppl	ied with this filma does not oual	ify for the e	exemption	on stated	in Section 119.07(3)(i), Florida Statutes	s. I further	certify th	at the	- 1

I have been been a supplemental 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 of 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.