

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER SEPTEMBER 30, 1998.  
 AMOUNT DUE ON OR BEFORE 09/30/98: \$550 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$750).

0069015

**PROFIT CORPORATION ANNUAL REPORT 1998**



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

**FILED**

98 JUL 10 PM 3:43

SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA



**DOCUMENT # P97000000975 (7)**  
 1. Corporation Name  
**THE ULTIMATE FITNESS CLUB, INC.**

Principal Place of Business Mailing Address  
**201 S.E. SECOND STREET FT LAUDERDALE FL 33301**

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified  
**12/31/1996**  
 4. FEI Number  
**65-0721802**  
 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 owes or has paid the current year Intangible Personal Property Tax due June 30.  Yes  No

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

9. Name and Address of Current Registered Agent  
**KURLAND, SHELDON C**  
**9853 PINES BLVD.**  
**PEMBROKE PINES FL 33024**

10. Name and Address of New Registered Agent  
 B1 Name  
 B2 Street Address (P.O. Box Number is Not Acceptable)  
 B3  
 B4 City **FL** B5 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	<b>P</b>	<input type="checkbox"/> DELETE
NAME	<b>TORRENT, BEN</b>	
STREET ADDRESS	<b>201 S.E. 2ND STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE	<b>CFO</b>	<input type="checkbox"/> DELETE
NAME	<b>TORRENT, LYNN</b>	
STREET ADDRESS	<b>201 S.E. 2ND STREET</b>	
CITY-ST-ZIP	<b>FT. LAUDERDALE FL 33301</b>	
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> DELETE
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12

1.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
1.2 NAME	
1.3 STREET ADDRESS	<b>400002589084--5</b>
1.4 CITY-ST-ZIP	<b>-07/14/98--01101--009</b>
2.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
2.2 NAME	
2.3 STREET ADDRESS	<b>***150.00 ***150.00</b>
2.4 CITY-ST-ZIP	
3.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
3.2 NAME	
3.3 STREET ADDRESS	
3.4 CITY-ST-ZIP	
4.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
4.2 NAME	
4.3 STREET ADDRESS	
4.4 CITY-ST-ZIP	
5.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
5.2 NAME	
5.3 STREET ADDRESS	
5.4 CITY-ST-ZIP	
6.1 TITLE	<input type="checkbox"/> Change <input type="checkbox"/> Addition
6.2 NAME	
6.3 STREET ADDRESS	
6.4 CITY-ST-ZIP	

14. 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 of Block 13 if changed, or on an attachment with an address.

SIGNATURE: **LYNN C TORRENT** *[Signature]* **7/13/98** **984-832-0704**

CR2E034 (5/98)



201 S.E. 2nd Street • Ft. Lauderdale, FL 33301  
Ph. 954-832-0704 • Fax 954-832-0940 • e-mail: TUF\_CLUB@msn.com

July 10, 1998

Mr. Tyrone Scott  
Division of Corporations  
Annual Report Filings  
PO Box 6327  
Tallahassee FL 32314

Mr. Scott,

Thank you for your assistance on the telephone yesterday. As discussed, I am enclosing Check #1497 for \$150 which represents the 1998 Corporate Annual fee for The Ultimate Fitness Club. As also mentioned, I have received no previous notice of this filing and fee as the previous correspondence appears to have been sent to a PO Box which is not associated with this company (please see the enclosed envelope for your reference).

The only mailing address for the corporation is as follows:

The Ultimate Fitness Club  
201 SE 2<sup>nd</sup> Street  
Ft. Lauderdale, FL 33301

Once again, I appreciate your assistance.

Regards,

Ben Torrent  
President  
The Ultimate Fitness Club, Inc.

BT/sc