FILE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

Mailing Address

PROFIT CORPORATION ANNUAL REPORT

1998

Principal Place of Business



FLORIDA DEPARTMENT OF STATE

Sandra B. Mortham

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P97000093852 (6)

PROGRESSIVE FITNESS. INC.

2759 STATE ROAD 580 2759 STATE ROAD 580 **SUITE 213 SUITE 213** DO NOT WRITE IN THIS SPACE **CLEARWATER FL 33761** CLEARWATER FL 33761 3. Date Incorporated or Qualified 11/03/1997 2. Principal Place of Business 2a. Mailing Address Applied For <u> 207-</u>40-2200 26 Not Applicable Suite, Apt. #, etc. Suite, Apt #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 27 City & State City & State 6. Election Campaign Financing \$5.00 May Be 23 28 Trust Fund Contribution Added to Fees Zip Country Zip Country 8. This corporation owes or has paid the current year Intangible 24 29 Personal Property Tax due June 30. ☐ No 25 30 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent 81 Name **AMERIL**AWYER 343 ALMERIA AVENUE 82 Street Address (P.O. Box Number is Not Acceptable) CORAL GABLES FL 33134 83 84 City Zip Code 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 607.0506, Florida Statutes. SIGNATURE Signature: typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) OFFICERS AND DIRECTORS ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. 13. DELETE Change Addition TITLE 1.1 TITLE NAME CORRELL, BARBARA S 1.2 NAME **2759 STATE ROAD 580** STREET ADDRESS 1.3 STREET ADDRESS **CLEARWATER FL 33761** CITY - ST - ZIP 1.4 CITY-ST-ZIP DELETE Change Addition TITLE 21 TITLE MASSEY, PATRICIA C NAME 2.2 NAME **2759 STATE ROAD 580** STREET ADDRESS 2.3 STREET ADDRESS CLEARWATER FL 33761 CITY-ST-ZIP 2.4 CITY-ST-ZIP TITLE DELETE 3.1 TITLE Change Addition NAME SEWELL, LISA 3.2 NAME 2759 STATE ROAD 580 STREET ADDRESS 3.3 STREET ADDRESS CLEARWATER FL 33761 CITY-ST-ZIP 3.4. CITY-ST-ZIP TITLE DELETE Change Addition 4.1 TITLE CORELL, PAUL W JR. NAME 4. 2 NAME Correu **2759 STATE ROAD 580** STREET ADDRESS 4.3 STREET ADDRESS

14. Thereby 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

4.4 CITY - ST - 7IP

5.3 STREET ADDRESS

6.3 STREET ADDRESS 64 CITY-ST-ZIP

5.4 CITY-ST-ZIP

5.1 TITLE

5.2 NAME

6.1 TITLE

DELETE

DELETE

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS

CITY-ST-ZIP

TITLE

NAME

TITLE

NAME STREET ADDRESS **CLEARWATER FL 33761**

Youw Conneu Jr.

FILED

Apr 17 1998 8:00am

Secretary of State

Change

Change

Addition

Addition