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PROFIT CORPORATION ANNUAL REPORT
1999

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State
DIVISION OF CORPORATIONS

DOCUMENT # **P98000064859**

1. Corporation Name
~~TEAM MENTIS ENTERPRISES, INC.~~ AMENDED See Attached
MUSIC
Exxtreme Fitness, INC.

Principal Place of Business	Mailing Address
~~11260 NW 18TH STREET~~ ~~PLANTATION FL 33323~~	~~11260 NW 18TH STREET~~ ~~PLANTATION FL 33323~~

DO NOT WRITE IN THIS SPACE

3. Date Incorporated or Qualified: 07/23/1998

2. Principal Place of Business	2a. Mailing Address
21 10008 NW 4 ST	26 PO Box 451588
Suite, Apt. #, etc. 22 R	Suite, Apt. #, etc. 27
City & State 23 Plantation FL	City & State 28 SUNRISE FL
Zip 24 33324 Country 25 US	Zip 29 33345 Country 30 US

4. FEI Number: 650853541 ☐ 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 the current year intangible Personal Property Tax. ☒ Yes ☐ No

9. Name and Address of Current Registered Agent

HERMAN, BRUCE ESQ
1401 E. BROWARD BOULEVARD
SUITE 206
FORT LAUDERDALE FL 33301

10. Name and Address of New Registered Agent

81 Name: SUSAN MENTIS
82 Street Address (P.O. Box Number is Not Acceptable): 10008 NW 4 ST
83
84 City: PLANTATION FL 85 Zip Code: 33324

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: X Susan D. Mentis 3/3/99
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE

12. OFFICERS AND DIRECTORS			13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12	
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	PTD MENTIS, SUSAN 11260 NW 18TH STREET PLANTATION FL 33323-VS	☐ DELETE	1.1 TITLE / 1.2 NAME / 1.3 STREET ADDRESS / 1.4 CITY-ST-ZIP	☒ Change ☐ Addition 10008 NW 4ST PLANTATION FL 33324
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP	VSD MENTIS, DIMITRIOS 11260 NW 18TH STREET PLANTATION FL 33323	☐ DELETE	2.1 TITLE / 2.2 NAME / 2.3 STREET ADDRESS / 2.4 CITY-ST-ZIP	☒ Change ☐ Addition 10008 NW 4ST PLANTATION FL 33324
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	3.1 TITLE / 3.2 NAME / 3.3 STREET ADDRESS / 3.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	4.1 TITLE / 4.2 NAME / 4.3 STREET ADDRESS / 4.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	5.1 TITLE / 5.2 NAME / 5.3 STREET ADDRESS / 5.4 CITY-ST-ZIP	☐ Change ☐ Addition
TITLE / NAME / STREET ADDRESS / CITY-ST-ZIP		☐ DELETE	6.1 TITLE / 6.2 NAME / 6.3 STREET ADDRESS / 6.4 CITY-ST-ZIP	☐ Change ☐ Addition

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 or Block 13 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: X Susan Mentis SIGNATURE REQUIRED 3/3/99 (954)
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR — Date — Daytime Phone #

CR2E034 (1/1/98)