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

PROFIT CORPORATION ANNUAL REPORT

1999



FLORIDA DEPARTMENT OF STATE

Katherine Harris

Secretary of State DIVISION OF CORPORATIONS

DOCUMENT # P980000 707/2

COSL THIN FITNESS & NUTRITION STUDIO, INC.

Principal Place of Business

Mailing Address

3341 CLARDINAL DALLE				DO NOT WRITE IN THIS SPACE				
	VENO BEACH, FL	32963			3. Date Incorporated or Qualifed \$-10-98			
2. 21	Principal Place of Business	2a. Mailing Address			4. FEI Number 65-0865498		Applied For Not Applicable	
22	Suite, Apt. #, etc.	Suite, Apt. #, etc.			5. Certificate of Status Desired S8.75 Additional Fee Required			
23	City & State	City & State			6. Election Campaign Financing Trust Fund Contribution	•	5.00 May Be dded to Fees	
24	Zip Country	Zip Cou 29 30	intry		This corporation owes the current year In Personal Property Tax.	tangible		
9. Name and Address of Current Registered Agent				10. Name and Address of New Registered Agent				
ancompace a salfillance				Name				
ROSEMANIE C. SCHULMAN 326 EGRET LAWE VERO GEAM, FL 32963			82	32 Street Address (P.O. Box Number is Not Acceptable)				
			83			-		
			84	City	FL	85	Zip Code	
11	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								

Signature, typed or printed name of registered agent and title if applicable (NOTE: Registered Agent signature required when reinstating) PAGSINENT OFFICERS AND DIRECTORS
ROSEMARIE C. SCHULMAN DELETE ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 13. 12. ☐ Addition ☐ Change 1.1 TITLE TITLE 1.2 NAME NAME 326 EGRET LANGE 1.3 STREET ADDRESS STREET ADDRESS VENO BEAM, FL 3296.3 1.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE ☐ Change Addition SEC. UIP. 2.1 TITLE TITLE MAUREEN D. ELGERT 2.2 NAME NAME 1120 SW FOREST HILLS COVE 2.3 STREET ADDRESS STREET ADDRESS port st. were, 1-6 34986 2.4 CITY-ST-ZIP CITY-ST-ZIP 3 1 TITLE ☐ Change · [] Addition THLE 3.2 NAME NAME 3.3 STREET ADDRESS STREET ADDRESS 3.4. CITY-ST-ZIP CITY-ST-ZIP Change ___ Addition DELETE 4.1 TITLE TITLE 4. 2 NAME NAME STREET ADDRESS 4.3 STREET ADDRESS 4.4 CITY-ST-ZIP CITY-ST-ZIP □ DELETE Change Addition 5.1 TITLE TITLE 5.2 NAME NAME 5.3 STREET ADDRESS STREET ADDRESS 5.4 CITY-ST-ZIP CITY-ST-ZIP Addition 6.1 TITLE Change DELETE TITLE 6.2 NAME NAME 6.3 STREET ADDRESS STREET ADDRESS 6.4 CITY-ST-ZIP 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 suppliemental 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 chapted, or on an attachnien with an address, with all other like empowered.

SIGNATURE:

IGNING OFFICER OR DIRECTOR

FILED Mar 09, 1999 8:00 am

Secretary of State

03-09-1999 90119 016 ***150.00